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ABSTRACT

Although the experiences from birth to age three influence how the rest of childhood unfolds, this critical time is usually neglected in the policies, programs, and budgets of countries around the world. This report details the daily lives of parents and other caregivers who are striving to protect the rights and meet the needs of young children. Section 1 of the report makes the case for investing in the earliest years of childhood, when brain development is most malleable and rights are most vulnerable. This section examines the options governments have concerning where and when to make investments and argues for the importance of early childhood development programs for children, their parents and caregivers, and for national progress. This section further argues that early childcare can be an effective antidote to cycles of violence, conflict, poverty, and HIV/AIDS. The section concludes with descriptions of experiments and experiences in developed and developing nations with informal support networks and community agencies with innovative childcare programs. Section 2 presents three maps illustrating quality of life indicators for early childhood, the link between women's status and children's well-being, and the challenges to children's growth and development. Section 3 presents the latest data on children's well-being for 193 countries listed alphabetically, along with regional summaries and world totals. Countries are first ranked in descending order of estimated 1999 under-five mortality rate, which is then included in each of the following tables: basic indicators, nutrition, health, education, demographic indicators, economic indicators, women, and rate of progress. (Contains 65 reference notes.) (KB)

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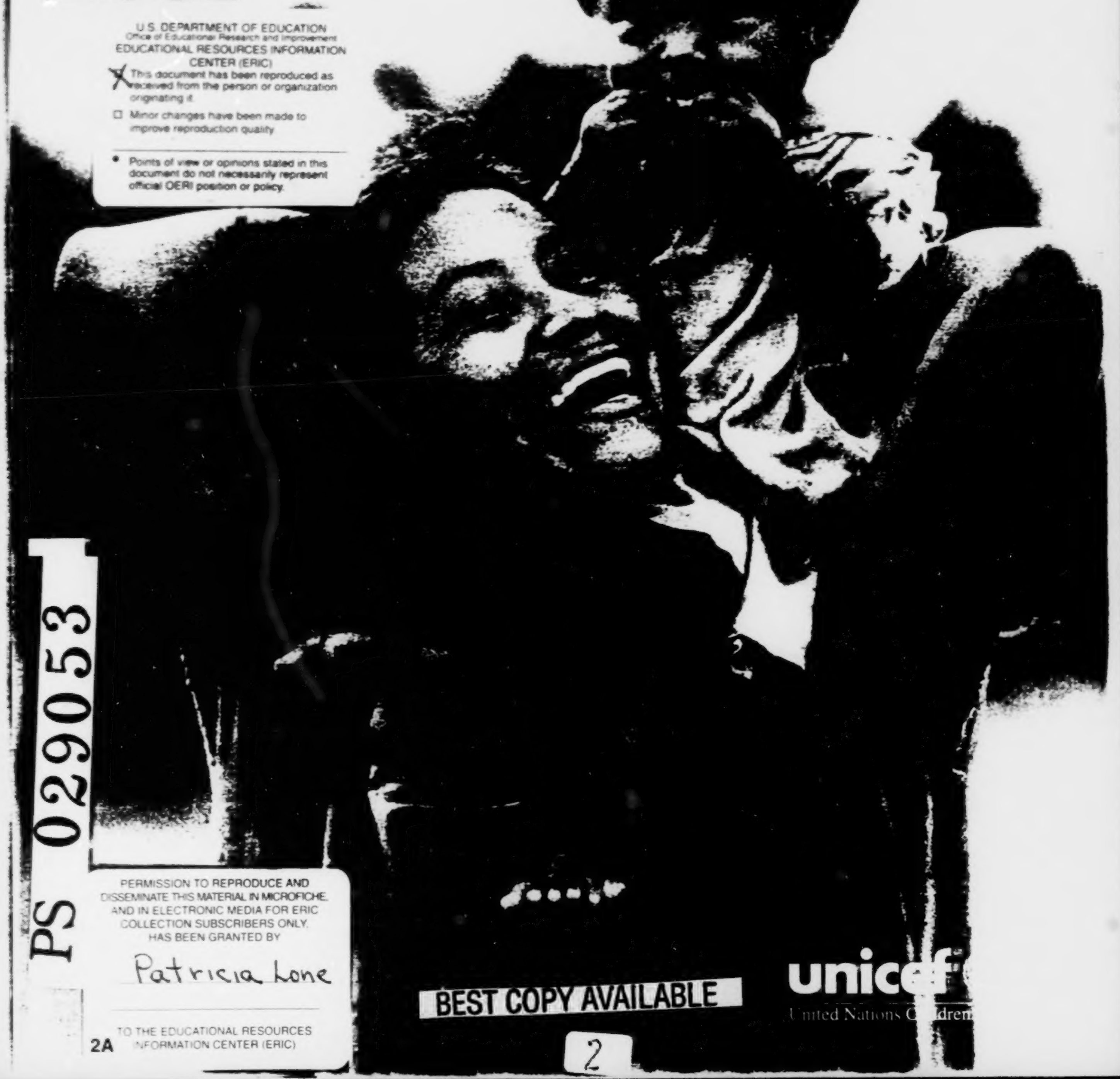
THE STATE OF
THE WORLD'S CHILDREN 2001

Early Childhood



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THE STATE OF
THE WORLD'S CHILDREN
2001

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THE STATE OF

THE WORLD'S CHILDREN

2001

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The State of the World's Children 2001: Early childhood

What happens during the very earliest years of a child's life, from birth to age 3, influences how the rest of childhood and adolescence unfolds. Yet, this critical time is usually neglected in the policies, programmes and budgets of countries. Drawing on reports from the world over, *The State of the World's Children 2001* details the daily lives of parents and other caregivers who are striving – in the face of war, poverty and the HIV/AIDS epidemic – to protect the rights and meet the needs of these young children.

Choices to be made: The opening section makes the case for investing in the earliest years of childhood, before the age of three, when brain development is most malleable and rights are most vulnerable. It sets out the options governments have about where and when to make investments to ensure that children under three have their rights protected and their needs met. And it introduces the importance of early childhood development programmes, not only for children, their parents and caregivers, but for the progress of nations as a whole. 8

A necessary choice: Attention to the youngest children is most needed where it is most difficult to guarantee: in countries where the seemingly intractable grip of poverty, violence and devastating epidemics seriously challenge parents' hopes and dreams for their children. This section argues that early childcare can act as an effective antidote to cycles of violence, conflict, poverty and HIV/AIDS. 28

The only responsible choice: Parents struggle, often against great odds, to do right by their children. In industrialized and developing countries alike they find advice and aid from informal support networks and community agencies with innovative childcare programmes. The final section describes these experiments and experiences and makes the case why, in the long run, investment in ECD pays off. 44

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Foreword

The United Nations General Assembly's Special Session on Children in September 2001 will indeed be a special session in several ways. It will have the potential to shape the lives of children and adolescents throughout the world. It will assemble leaders from governments and non-governmental organizations, as well as children and adolescents, in a model of wide participation and partnership that must be the way of the future in the work of the UN. It will agree on a plan of action that must spur the international community to take the steps needed to realize the rights of every child.

Today, millions of children lead safer, healthier and fuller lives than they did a decade ago – before the adoption of the Convention on the Rights of the Child in 1989 and the World Summit for Children in 1990. The same can be said of the progress of millions of women since the adoption of the Convention on the Elimination of All Forms of Discrimination against Women in 1979. And yet too many children and women still live outside the protection of society. Too many still see their rights abused or threatened.

The Special Session will review progress in meeting the commitments made at the World Summit for Children and the obligations entered into with the Convention on the Rights of the Child – the most widely and rapidly ratified human rights treaty in history. It promises to be a sobering review. But even more, the Session will look to the future. It will set specific, time-bound targets for the achievement of our main objective over the next decade: protecting and fulfilling the rights of all children and women.

The Session's agenda has already inspired a remarkable debate around three desired outcomes: every child should have the best possible start in life; every child should receive a good-quality basic education; and every child should have the opportunities to develop his or her full potential and contribute to society in meaningful ways. *The State of the World's Children 2001* highlights the first of our goals – the best possible start in life for every child, without exception.

The preparations for the Special Session have been imbued with a sense of purpose that promises to carry through to the gathering itself. Nearly 1,000 participants from governments, the UN family and international and national civil society have been engaged. Children and adolescents have been among the clearest and most passionate voices.

At local, national and regional levels, these young people have added their perspectives to the assessments of how the world has lived up to its obligations to children. They have spoken about their own role as agents for change. Many of them will come to New York in September 2001 to take part in the Special Session itself. I hope they will be listened to carefully. I hope that for them, and for the rest of the world's children, we will make the Special Session of 2001 the best possible start to this new millennium.

Kofi A. Annan
Secretary-General of the United Nations

Early childhood

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Minutes-old newborn in the United States.

Our promise to the

From Nelson Mandela

My earliest childhood memories are of the village of Qunu in the rolling hills and green valleys of the Transkei territory in the south-eastern part of South Africa. Qunu was where I spent the happiest years of my boyhood, surrounded by a family so full of babies, children, aunts and uncles that I cannot remember a single waking moment when I was alone.

There was where my father taught me, by the way he led his life, the sense of justice that I have carried with me for the many decades I have lived. By watching him closely, I learned to stand tall and stand strong for my beliefs.

It was in Qunu that my mother gave me the stories that charged my imagination, teaching me kindness and generosity as she cooked meals over an open fire and kept me fed and healthy. From my days as a herd-boy I learned my love of the countryside, of open spaces and the simple beauties of nature. It was then and there that I learned to love this earth.

UNICEF/00 0283/Pirozzi

From my boyhood friends I learned dignity and the meaning of honour. From listening to and watching the meetings of tribal elders, I learned the importance of democracy and of giving everyone a chance to be heard. And I learned of my people, the Xhosa nation. From my benefactor and guide, the Regent, I learned the history of Africa and of the struggle of Africans to be free.

It was those very first years that determined how the many full years of my long life have been lived. Whenever I take a moment to look back, I feel an immense sense of gratitude to my father and mother, and to all the people who raised me when I was just a boy and formed me into the man I am today.

That was what I learned as a child. Now that I am an old man, it is children who inspire me.

My dear young people: I see the light in your eyes, the energy of your bodies and the hope that is in your spirit. I know it is you, not I, who will make the future. It is you, not I, who will fix our wrongs and carry forward all that is right with the world.

If I could, in good faith, promise you the childhood I had, I would. If I could promise you that every one of your days will be a day of learning and growing, I would. If I could promise that nothing – not war, poverty, not injustice – will deny you your parents, your name, your right to live a good childhood and that such a childhood will lead you to a full and fruitful life, I would.

But I will only promise you what I know I can deliver. You have my word that I will continue to take all that I learned in my earliest days and all that I have learned since then, to protect your rights. I will work every day in every way I know to support you as you grow. I will seek out your voices and your opinions and I will have others hear them too.

From Graça Machel

To the children of the world, in whose name this report is dedicated, I would like to say this: You are my life's work. Fighting for your dignity and freedom and protection has given the best of meaning of my life.

You and I may not know each other, but over the course of my years as a teacher and an activist, I have learned much about your lives.

I have seen how one year of school changes a child and how years of school transform that child's future. I have watched as the power of education saved families from being poor,

world's children

babies from dying and young girls from lives of servitude. And I have lived long enough to see a generation of children, armed with education, lift up a nation.

But at the same time, I have witnessed how quickly young lives and futures can be destroyed. I know that war, HIV/AIDS and poverty, though they hurt everyone, hurt children most deeply. I know that the safe havens for young people – your schools, your health stations – are invaded by thugs. I know that the people you treasure and depend on most – your parents, your teachers, your doctors and nurses – are the very same people who are targeted in conflict or cut down by AIDS.

I have been fortunate to travel the world, seeking out young people to hear of their lives and experiences and many of you have been kind enough to talk with me. I have heard you speak about how it feels to have war steal the ones you love and destroy your idealism and dreams. I have listened to many young women who could not get enough good food to eat, could not go to school nor get the attention they deserve. I know how the sting of injustice feels and the dull pain of realizing that life is not fair.

And so this is my pledge to you: I promise to work for your education so you can have every opportunity to know your history, to exercise your imagination, to write the stories of our peoples. I want you to know first-hand the freedom that comes with knowledge and learning.

I promise to work against war, against AIDS, against all the unspeakable enemies that would deprive you of your parents, your innocence, your childhood. I promise to challenge and plead and badger government leaders and business people until you can safely walk out of the door of your home to tend your flock or fetch a pail of water without fearing landmines or abduction or harm. And I promise not to rest until these things are the stuff of old fairy tales rather than your days' reality.

You, dear boys and girls, dear young women and young men, are my most urgent concern. I know what it is like to be given the opportunity to excel in life, to be equipped to meet life's challenges with a healthy mind and body, to be given the passport to freedom that is an education. I want you to experience all this for yourselves.

Joining our voices with the voices of children

From Nelson Mandela and Graça Machel

To our only children,

We write to you as a mother and a father, as grandparents and as great-grandparents, as politicians and as activists. You are the focus of our outrage, just as you are the focus of our hope. You are our only children, our only link to the future.

Each one of you is your own person, endowed with rights, worthy of respect and dignity. Each one of you deserves to have the best possible start in life, to complete a basic education of the highest quality, to be allowed to develop your full potential and provided the opportunities for meaningful participation in your communities. And until every one of you, no matter who you are, enjoys your rights, I, Nelson, and I, Graça, will not rest. This is our promise.

Please hold us to it.

Nelson Mandela, a Nobel Peace Prize laureate, is the former President of South Africa. Graça Machel, a UN special expert on armed conflict, is a former Minister of Education in Mozambique. Together, they lead the Global Partnership for Children.

Choices

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to be made

Most brain development happens before a child reaches three years old. Long before many adults even realize what is happening, the brain cells of a new infant proliferate, synapses crackle and the patterns of a lifetime are established. In a short 36 months, children develop their abilities to think and speak, learn and reason and lay the foundation for their values and social behaviour as adults.

Because these early years are a time of such great change in a young life and of such long-lasting influence, ensuring the rights of the child must begin at the very start of life. Choices made and actions taken on behalf of children during this critical period affect not only how a child develops but also how a country progresses.

No reasonable plan for human development can wait idly for the 18 years of childhood to pass before taking measures to protect the rights of the child. Nor can it waste the most opportune period for intervening in a child's life, the years from birth to age three.

The time of early childhood should merit the highest-priority attention when responsible governments are making decisions about laws, policies, programmes and money. Yet, tragically both for children and for nations, these are the years that receive the least.

Photo: Newborn twins, born during the floods in Mozambique in early 2000.

IN SRI LANKA, Priyanthi, a 28-year-old mother in the Matale District, remembers the evening that she carried her daughter, Madushika, 7 kilometres to the closest medical facility. It was about five in the late afternoon and almost dark when the small woman began her frightful journey with the 18-month-old toddler in her arms struggling for air. Stumbling over the fallen branches and underbrush cluttering the narrow dirt paths, she heard her daughter's laborious gasps growing weaker. By 6 p.m., she and the baby reached the clinic.

The doctor's words still haunt this woman with tired eyes and underscore her race against the clock. Had she delayed the trip by a mere 15 minutes, she remembers him saying, her baby, whose chest cold had turned into pneumonia, would have been dead. Had Madushika, now a healthy five-year-old, been born just a decade earlier, without the availability of life-saving drugs, the pneumonia would have likely won the race.

Priyanthi's children, Madushika and her younger brother Madusha, have benefited from Sri Lanka's system of health services and early childcare programmes. Both children were born in the relative safety of a hospital, like nearly 90 per cent of Sri Lankan live births today. When the young mother was pregnant with her two-year-old son, she received regular health check-ups in the village clinic and pregnancy advice from the village midwife. She learned how talking to her infant during breastfeeding would improve his mind and body. She learned that cooing and babbling to her child in response to his sounds, commonly called 'motherese', would help the baby boy learn to talk.

Once released from the hospital, Priyanthi and her newborn participated in a programme in which trained volunteers visited them in their home. Madusha's height and weight continued to be monitored. Priyanthi also continued to get support and advice on the importance of touching, talking and singing, as well as on bathing and feeding her baby.

Priyanthi's family is 1 of 22 families from Ambanganga, a small village about 25 kilometres from Matale, involved in a home-based programme carried out by a local NGO called Sithuwama, with UNICEF support. Sithuwama, which means 'raising a child with enjoyment', promotes early childhood care, including healthy childcare practices and cognitive stimulation. Its services are provided through home-visiting programmes for infants up to three-year-olds and for pre-schoolers from age three to five.

Through Sri Lanka's home-based service, Priyanthi learns that good nutrition, home hygiene and sanitation practices and cognitive stimulation are all necessary ingredients for her children to grow and develop. Now, she is investing the focused time, care and attention that are vital for improving her children's lives. She collects extra firewood to boil water for her children to drink. She finds legumes that add to the nutritional value of their meals. She makes certain that they use the latrine and wash their hands afterwards.

Parents and their children 'play shop' in Sri Lanka.

Sarath Perera/Sri Lanka

Sarath Perera/Sri Lanka

She asks her children their thoughts about the birds chattering overhead during their baths in the stream. She takes them to village health days.

Priyanthi, her husband and children live in a small, four-room, cement house without electricity or running water. They sleep together on a dirt floor on woven straw mats. The family survives on a little over 2,000 rupees (about $27) a month that Priyanthi's husband earns on a tea plantation.

Sithuwama's volunteer home visitors helped Priyanthi figure out how to promote her children's psychosocial and cognitive development without spending much money. The NGO's volunteers teach her the importance of play for her children's physical and mental well-being. She and her husband constructed a playhouse for the children. The airy structure is made from twigs and branches tied together with pieces of cloth and covered with a tarp. Little wooden shelves are filled with colourful boxes, gourds, coconut shells, ceramic bowls, metal cans and flowers they have picked. Through play, Madushika and Madusha are learning about colours, shapes, sizes, labelling and sorting. They are also learning to dream and imagine.

Priyanthi meets weekly with a programme volunteer and once a month with a group of other parents in support sessions. Learning from each other, the parents compare notes about their babies' height, weight and other milestones. They review the opportunities throughout the day to engage their children in teachable moments – waking up, mealtime, washing and bathing, cooking, visiting, working outdoors, playing and getting ready for bed.

Less than a kilometre from Priyanthi's home is a family not regularly involved in early childhood care programmes. Wimalarathne, a 33-year-old farmer, explains that he recently learned about the home-visiting programme and wants to get his daughter, Sasika, involved. When the two-year-old girl sees strangers coming towards her house, she begins to cry. Her seven-year-old brother, Asanka, carries the tiny girl, a frightened toddler who clings to her brother, never uttering a word. Her piercing, dark eyes remain fixated on the stranger who visits. Both children are uncommunicative. Wimalarathne explains that his children are shy but they play well together.

Sarath Perera/Sri Lanka

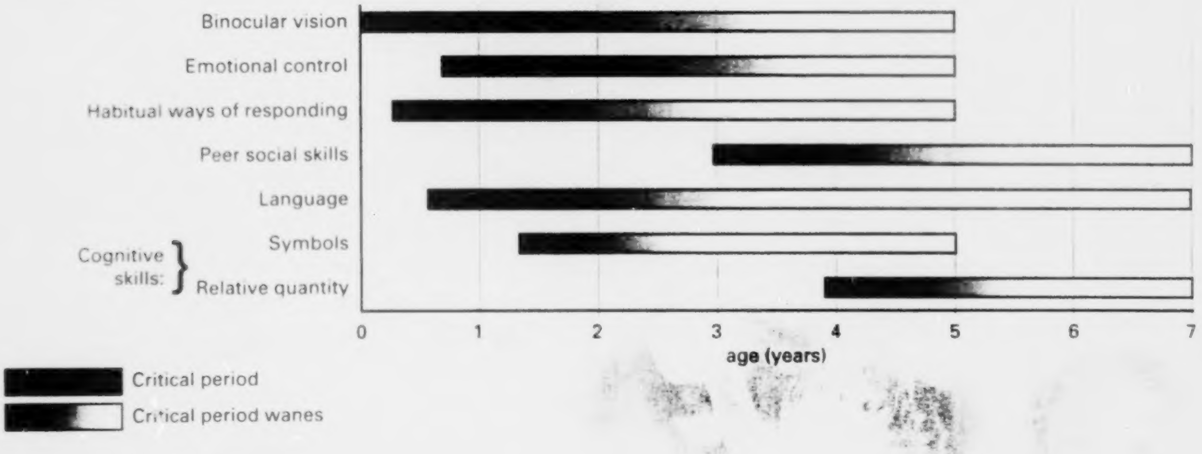
The father, clearly concerned about his daughter's development, beckons to his wife, Kusumawathi, 30, to get their daughter's growth chart. The graph on the chart shows the child's weight and height spiralling downward from average readings at birth to below average as a toddler. Wimalarathne said that the doctor is at a loss about her slow growth and has recommended that the family become involved with the home-visiting programme.

Two families in the same village, in similar circumstances, yet the children are so different. The families in Matale, like millions throughout the world, are poor. Most are subsistence farmers and casual labourers who work in nearby factories or on tea plantations. Although 99 per cent of the children are immunized, almost 40 per cent are malnourished. Some families have access to early childhood care programmes. Many more do not.

The importance of ages 0-3 years

In the first moments, months and years of life, every touch, movement and emotion in a young child's life translates into an explosion of electrical and chemical activity in the brain, as billions of cells are organizing themselves into networks requiring trillions of synapses between them *(see Panel 1)*.

Figure 1 Brain development: Some critical periods



(Adapted from Doherty, 1997)

Source: M. McCain and F. Mustard, *Reversing the real brain drain: Early years study*, Ontario, April 1999, p. 31

These early childhood years are when experiences and interactions with parents, family members and other adults influence the way a child's brain develops, with as much impact as such factors as adequate nutrition, good health and clean water. And how the child develops during this period sets the stage for later success in school and the character of adolescence and adulthood.

When infants are held and touched in soothing ways, they tend to thrive. Warm, responsive care seems to have a protective function, to some extent 'immunizing' an infant against the effects of stress experienced later in life. But the brain's malleability during these early years also means that when children do not get the care they need, or if they experience starvation, abuse or neglect, their brain development may be compromised (*Panel 1*).

The effects of what happens during the prenatal period and during the earliest months and years of a child's life can last a lifetime[1]. All the key ingredients of emotional intelligence – confidence, curiosity, intentionality, self-control, relatedness, capacity to communicate and cooperativeness – that determine how a child learns and relates in school and in life in general, depend on the kind of early care he or she receives from parents, pre-school teachers and caregivers.[2] It is, of course, never too late for children to improve in their health and development, to learn new skills, overcome fears or change their beliefs.[3] But, as is more often the case, when children don't get the right start, they never catch up or reach their full potential.

Why invest? The rights of children and the cause of human development[4] are unassailable reasons for investing in early childhood. The neurosciences provide another rationale that's hard to refute as they demonstrate the influences of the first three years on the rest of a child's life.

In addition[5], there are also compelling economic arguments: increased productivity over a lifetime and a better standard of living when the child becomes an adult, later cost-savings in remedial education and health care and rehabilitation services and higher earnings for parents and caregivers who are freer to enter the labour force.

And there are social reasons as well: Intervening in the very earliest years helps reduce the social and economic disparities and gender inequalities that divide a society and contributes to including those traditionally excluded.

And political reasons: A country's position in the global economy depends on the competencies of its people and those competencies are set early in life – before the child is three years old.[6]

Choices

Thus, the options before leaders who are striving to do what's best for children and best for their country seem obvious:

Assure that every child, without exception, is registered at birth and starts life safe from violence, with adequate nutrition, clean water, proper sanitation, primary health care and cognitive and psychosocial stimulation **OR** fail their moral and legal obligations as set forth in the Convention on the Rights of the Child.

Support families and communities as they care for their young children **OR** abandon the hope that the next generation will be healthy enough and skilled enough to lead a country out of poverty and away from destructive disparities of income, education and opportunity.

Provide the monies necessary to ensure every child the best possible start in life during the early childhood years **OR** perpetuate the inequities that divide people, compromise their well-being and eventually destroy societies and countries.

Spend what's needed now to assure that families have access to basic good-quality services they need for their young children **OR** spend more to fix problems later.

These alternatives, although clear-cut, are not always easy to see. Intergenerational cycles of poverty, disease, violence and discrimination are so entrenched in the ways that lives are lived and societies are organized that they seem permanently set in stone, with cycles of hope and change buried under layers of rock, far from sight and possibility.

But even when governments do recognize the value of better matching their investments with their opportunities,[7] there is a practical problem that must be resolved. Early childhood services do not fall neatly into any one sector, as the needs and indivisible rights of the young child span the areas of health, nutrition, a safe environment and psychosocial and cognitive development. Systems are not always in place to keep an integrated, cross-sectoral approach running. As a result, a government's responsibility to provide for children and support their families easily slips between the lines that divide ministries and departments. Seen as the responsibility of many, providing services for children under the age of three becomes the responsibility of no one.

Which is all the more reason that governments at all levels must make decisions and take action if the rights of the child are to be respected and the needs of a country are to be met. And so must others – civil society organizations, the corporate sector, religious organizations, non-governmental organizations (NGOs), children and adolescents. Leaders from all parts of society must:

- Make the rights and well-being of children a priority,

A girl in Georgia covers her ears anticipating the cries of her brother who is about to be vaccinated.

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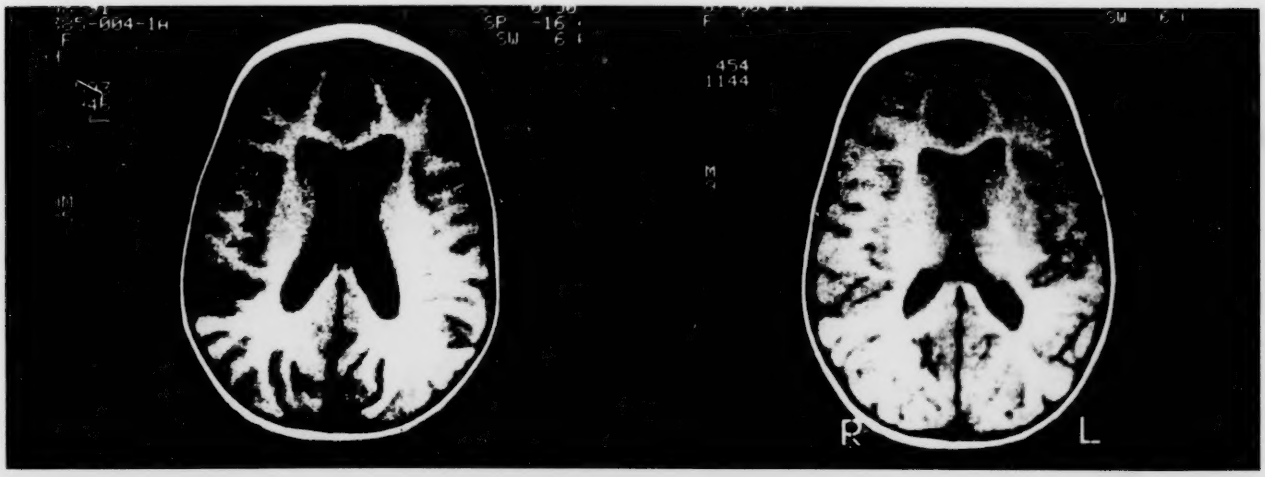
PANEL 1 Early brain development: A firestorm of creativity



Have you ever observed an infant watch with heightened anticipation, then squeal with delight as his mother's face, hidden behind her hands, suddenly appears? During this seemingly simple and repetitive game, something quite dramatic is taking place as thousands of cells in the child's growing brain respond in a matter of seconds. Some brain cells are 'turned on', some existing connections among brain cells are strengthened and new connections are formed.

With brain connections proliferating explosively during the first three years of life, children are discovering new things in virtually every waking moment. At birth, a baby has about 100 billion brain cells. Most of these cells are not connected to each other and cannot function on their own. They must be organized into networks that require trillions of connections or synapses between them.

These connections are miracles of the human body, depending partly on genes and partly on the events of early life. Many kinds of experiences affect how young brains develop, but nothing is more important than early care and nurturing.

A delicate dance

A child's brain is neither a blank slate waiting for a life story to be written on it nor a hard-wired circuit planned and controlled by implacable genes. From the first cell division, brain development is a delicate dance between genes and the environment. While genes pre-order the sequence of normal development, the quality of that development is shaped by environmental factors that affect both the pregnant and lactating mother and the young infant. Such factors as adequate nutrition, good health, clean water and a safe environment free from violence, abuse, exploitation and discrimination all contribute to how the brain grows and develops.

The uniqueness of the human brain lies not only in its size and complexity but also in the properties that make it extraordinarily interactive with experience. Every touch, movement and emotion is translated into electrical and chemical activity that shifts the genetic momentum forward, subtly modifying the way a child's brain is wired. Human interactions are as important to the development of brain connections as having food to eat, sounds to hear and light by which to see.

Timing is critical

There are periods in life when the brain is particularly open to new experiences and especially able to take advantage of them. If these sensitive periods pass by without the brain receiving the stimulation for which it is primed, opportunities for various kinds of learning may be substantially reduced.

Exactly how critical 'critical periods' are, and how long the windows of opportunity for specific areas of development stay open, is under debate. We know that the human brain is malleable and that its capacity for reorganization continues throughout life and can be enhanced by interventions. But there is wide consensus that during early childhood the brain is taking shape with a speed that will never be again equalled.

Developmental prime time

The brain's malleability also means that there are times when negative experiences or the absence of good or appropriate stimulation are more likely to have serious and sustained effects. When children do not get the care they need during developmental prime times, or if they experience starvation, abuse or neglect, their brain development may be compromised. Many children living in emergency, displaced or post-conflict situations experience severe trauma and are under exceptional and unresolved stress, conditions that are particularly debilitating for young children. Only a few synapses fire, while the rest of the brain shuts down. At these young ages, a shutdown stalls the motor of development.

Prevention is best

Although it is never too late to intervene to improve the quality of a child's life, early interventions have the most significant effects on children's development and learning. Children's development can be enhanced with appropriate, timely and quality programmes that provide positive experiences for children and support for parents. There are a wide range of successful interventions – helping a young mother and father to understand the newborn's signals more accurately, for example, reading a story to a group of toddlers, providing home visits to new parents.

Lasting imprints

Early care and nurturing have a decisive and lasting impact on how children grow to adulthood and how they develop their ability to learn and their capacity to regulate their emotions.

While it is certainly possible to develop basic skills later on, it becomes increasingly difficult. Children whose basic needs are not met in infancy and early childhood are often distrustful and have difficulty believing in themselves and in others. Children who do not receive guidance in monitoring or regulating their behaviour during the early years have a greater chance of being anxious, frightened, impulsive and behaviourally disorganized when they reach school.

The brain has remarkable capacities for self-protection and recovery. But the loving care and nurture children receive in their first years – or the lack of these critical experiences – leave lasting imprints on young minds.

Photo: These magnetic resonance images (MRIs) of a brain are from a study of twelve young children, with a median age of 14-15 months, who were treated in a South African hospital for infantile malnutrition. The MRI on the left shows various abnormal structural changes associated with the cerebral shrinkage that was present in every child on admission. The image on the right, taken after 90 days of nutritional rehabilitation, shows the anatomical recovery that occurred in the majority of the children.

Source: Gunston, G.D., et al., 'Reversible cerebral shrinkage in kwashiorkor: an MRI study', *Archives of Disease in Childhood* 1992; 67:1030-1032, with permission from BMJ Publishing Group.

- Create, find and reallocate the resources that are necessary to adequately fund early childhood care as the first essential step in ensuring the rights of the child and
- Assign responsibility and accountability for ensuring that every child has the best possible start in life, as the fundamental prerequisite for healthy growth and development during school age and adolescence.

Until society's leaders step up to these responsibilities, the children and adolescents of this world, and their parents and families, will be left to absorb the effects of poor public policy into their private lives, before passing them to the next generation. And as long as a nation allows its public policies and budget decisions to violate the rights of children and women, there is scant hope of changing the realities and futures of children or of achieving sustained development. Nor will humanity's potential be fully realized.

ECD

Programmes built on the fact that there is an indivisibility and unity to the rights of children hold the greatest promise for children's health and well-being and for that of their families and communities (*see page 17 for the definition of ECD*). A child grows and develops not in a vacuum but in a community, a culture and a nation. The most effective ECD programmes (*see page 17*) are integrated and multidimensional, fostering children's good health and nutrition and their cognitive, social and emotional abilities. Reflecting cultural values, the best of these programmes are deeply rooted within families and communities, blending what is known about the best environments for optimal child development with an understanding of traditional child-rearing practices.

ECD helps build community networks that can both expand the range of services

Figure 2 The rights of young children

Very young children (0-3 years):

- Protection from physical danger
- Adequate nutrition and health care
- Appropriate immunizations
- An adult with whom to form an attachment
- An adult who can understand and respond to their signals
- Things to look at, touch, hear, smell, taste
- Opportunities to explore their world
- Appropriate language stimulation
- Support in acquiring new motor, language and thinking skills
- A chance to develop some independence
- Help in learning how to control their own behaviour
- Opportunities to begin to learn to care for themselves
- Daily opportunities to play with a variety of objects

Pre-school aged children, all of the above, plus:

- Opportunities to develop fine motor skills
- Encouragement of language through talking, being read to, singing
- Activities that will develop a sense of mastery
- Opportunities to learn cooperation, helping, sharing
- Experimentation with pre-writing and pre-reading skills
- Hands-on exploration for learning through action
- Opportunities for taking responsibility and making choices
- Encouragement to develop self-control, cooperation and persistence in completing projects
- Support for their sense of self-worth
- Opportunities for self-expression
- Encouragement of creativity

Children in the early primary grades, all of the above, plus:

- Support in acquiring additional motor, language and thinking skills
- Additional opportunities to develop independence
- Opportunities to become self-reliant in their personal care
- Opportunities to develop a wide variety of skills
- Support for the further development of language through talking, reading, singing
- Activities that will further develop a sense of mastery of a variety of skills and concepts
- Opportunities to learn cooperation and to help others
- Hands-on manipulation of objects that support learning
- Support in the development of self-control and persistence in completing projects
- Support for their pride in their accomplishments
- Motivation for and reinforcement of academic achievement

Source: Adapted from *Coordinators' Notebook: An international resource for early childhood development*, The Consultative Group on Early Childhood Care and Development, No. 21, 1997, p. 7.

Photo credits (top to bottom): UNICEF/93-1987/Pirozzi; UNICEF/India/Osan; UNICEF/93-1151/Balaban

when needed and respond to emergencies as they arise. In Indonesia, for example, the Bina Keluarga and Balita (BKB) project began in 1982 as a population, health and nutrition programme, monitoring children's height and weight and providing nutritious meals at local centres. Community women, *kaders*, were trained in various aspects of child development and organized workshops for parents and other family members at the nutrition centres. When the economic crisis hit the country in 1997, these systems were already in place. The World Bank loaned Indonesia $21.5 million for the Early Child Development Project, which included an emergency food component for infants aged 6-24 months in Indonesia's poorest communities, the *inpres desa tertinggal*, or 'villages left behind'. To protect the infants in these villages from the permanent physical and intellectual stunting associated with malnutrition, plans were made to supply energy, protein and nutrient supplements to more than a quarter-million infants over a two-year period. Never fully implemented, the project was to rely on the pre-existing voluntary village health post and the BKB project.[8]

Parents and communities throughout the world have created innovative ways of helping their children to grow and develop (*see Country Profiles*). They have emphasized the importance of good hygiene and sanitation practices, adequate nutrition, proper feeding practices, immunization, growth monitoring, psychosocial stimulation and early detection of disabilities and early intervention. In Sri Lanka, for instance, the home-visiting programmes and pre-schools that focus on stimulation, play, numeracy and literacy preparation have helped young children like Madushika and Madusha shine.

But what works in Sri Lanka will not necessarily work in Indonesia or Namibia. Investing in early childhood care must be guided by the knowledge that communities

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Definition

The acronym ECD refers to a comprehensive approach to policies and programmes for children from birth to eight years of age, their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential. Community-based services that meet the needs of infants and young children are vital to ECD and they should include attention to health, nutrition, education and water and environmental sanitation in homes and communities. The approach promotes and protects the rights of the young child to survival, growth and development.

UNICEF has chosen to focus this report on the earliest years, 0-3, since they are critical to how the rest of early childhood unfolds and because these important early years are most often neglected in countries' policies, programmes and budgets.

Other organizations use the following terminology: Early Childhood Care and (Initial) Education (UNESCO); Early Childhood Education and Care (OECD); and Early Childhood Development (World Bank).

are the best architects of successful programmes that match the needs of caregivers and the developmental milestones of young children and also reflect the culture and values of families.

In Brazil, for instance, volunteers from Pastoral da Criança (Child Pastorate) are trained as community health agents. These volunteers, mostly women, visit mothers in their homes and provide them with information on family planning, prenatal care, breastfeeding and oral rehydration therapy. They monitor babies' weights and teach families about the importance of interacting with their young children through cuddling, talking and singing. Because of their efforts, communities with Pastoral da Criança volunteers have reduced child mortality by 60 per cent.[9]

With immunizations and growth monitoring as part of Pastoral, some developmental delays and disabilities are being prevented. When parents are taught about expected milestones in a baby's life, they become the first lines of defence for at-risk babies. When a disability is detected early, young children, especially those from birth through three years old, are enrolled in community-based early intervention programmes to help them reach their potential. Mothers and fathers learn how to play and interact with their children at home, helping them maintain the progress they make.

Sometimes interventions include not only services for the child with disabilities but also community education and advocacy, as is the case with the Tadamoun Wa Tanmia Association (Solidarity and Development) in Saida (Lebanon), which began in 1986 with summer clubs and camps for children. In 1992, these experts in special

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Successful programmes

1. **Incorporate the principles of the Convention on the Rights of the Child**, ensuring non-discrimination, the child's best interests, the right to survival and full development and the participation of children in all matters affecting their lives.
2. **Build on the Convention on the Elimination of All Forms of Discrimination against Women,** recognizing that ensuring women's rights is basic to ensuring child rights.
3. **Use the existing strengths** of communities, families and social structures, of positive child-rearing practices and the strong desire of parents to provide the best for their children.
4. **Have a broad framework,** encompassing multidimensional programmes in health, nutrition and the child's psychosocial and cognitive development.
5. **Are developed with and for families**, in ways that respect the rights of women and of siblings for schooling and for the enjoyment of their own childhood.
6. **Are developed with and for communities,** respecting cultural values, building local capacity, creating ownership and accountability, encouraging unity and strength and enhancing the probability that decisions will be implemented and that the programme will be sustained.
7. **Provide equal access for all children**, including girls and those at risk of delayed development and disabilities.
8. **Are flexible and reflect diversity**, varying from each other in respect of local and regional needs and resources.
9. **Meet the highest quality standards**.
10. **Are cost-effective and sustainable**.

PANEL 2 Families, child rights and participatory research in Nepal

UNICEF/98 0039/Nepal/Wright

"Children are a bit like chickens – they need to be kept safe, guided, fed and loved," observed the grandmother of four young children in the Nepalese village of Biskundanda, with a touch of irony. In many ways this simple aphorism captures the fundamental wisdom of hundreds of millions of parents throughout the world. Most mothers and fathers, even without formal knowledge of the principles of child development or the Convention on the Rights of the Child, know that their children have the right to love and protection, good health and nutrition and opportunities to learn.

Yet, according to a recent study in Nepal,* many of these same parents, and many child development experts, tend to underestimate the significance of parents' day-to-day role in the development of children's broader thinking, confidence and skills – those capacities with the greatest significance in helping them grow up able to break the cycle of poverty.

The Nepal study, a model of participatory research, used a child rights framework as researchers talked with parents and community leaders about the child-rearing beliefs and practices of families in four rural villages. Through structured discussions, the study elicited the information needed to develop ECD programmes that are responsive to the rights of the child and relevant to the communities. Its method of collaborative dialogue with parents and families was as significant for protecting child rights as were its findings.

The circumstances of children in Nepal are mixed. On the one hand, child mortality is high, malnutrition is common, sanitation and indoor air quality are poor, and few children receive more than a few years of formal education. Poverty and the continual struggle for survival make it all but impossible to provide adequately for children.

On the other, some children flourish despite the socio-economic odds against them. Many village children in Nepal have a clear sense of self-worth and social responsibility from the parts they play in doing household chores and agricultural tasks, such as herding. When the child is younger, work, play and learning blend seamlessly. Before the chores become repetitive and interfere with education, active learning through work is a source of pride and satisfaction for children and a valuable opportunity to acquire the competence they so desire, as well as the respect of others.

How to explain such 'positive deviance'? In looking at the subtle and contextual processes of children's development in the natural environment of the home, the study found that seemingly minor patterns of parental behaviour and casual interactions appear to have an invaluable impact on children's development. One mother, for example, on returning home from a long day's work, immediately sits down with all of her four children. She gets them to help her sort the fish she has just caught – all the while talking with them about the characteristics of the fish, their size, colour and taste. She takes an interest in what the children have to say and has even brought home a tiny crab for each child so that they can play crab races.

The Nepal study also considered the larger context of family and village life. It looked at the village setting, at social and economic realities, at gender and caste issues, at culture and the process of change. In many ways the study found no surprises: Families are naturally concerned with all aspects of a child's life and, on a day-to-day basis, they are most responsible for defending children's rights.

The big question for ECD initiatives is how to make them work. The study recommends the adoption of a child rights

from the Convention on the Rights of the Child

Article 6

1. *States parties recognize that every child has the inherent right to life.*
2. *States parties shall ensure to the maximum extent possible the survival and development of the child.*

Article 18

2. *For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.*

framework for assessing how well adults, at the family, community, district and national levels, are meeting their obligations in ensuring children's well-being. An essential component of such an approach is the ongoing dialogue with parents and community members on key issues for children as a basis for action. Many child-rearing practices, both positive and negative, can have a taken-for-granted quality. In responding to the opportunity to reflect on their beliefs and daily routines and to discuss them with others, parents begin to take a more active, confident role both in reinforcing their traditional strengths and in working together to introduce new practices.

Child development experts and families have a lot to learn from each other. The challenge for those working for child rights is to find the way to accentuate local practices and listen to parents' concerns sensitively and cooperatively, and at the same time find ways to address and debate practices that are at odds with child rights principles. They must strike a balance between encouraging traditions that are good for children while contesting those based on caste or gender that undermine their rights. They must both value the "children are bit like chickens" idea and go beyond it.

education opened a formal school, Hadicat-as-Salam Centre, to help integrate children with physical and mental disabilities into the community. Recognizing the need for early intervention, one of the programmes works with children between three and eight years old. Through games, adaptive sports and community field trips, young children are becoming more independent. Additionally, the programme provides numerous opportunities for children with and without disabilities to play and learn together, helping dispel the myths and stereotypes and remove negative attitudes and biases towards children with special needs.[10]

As a vehicle for transmitting values, ECD can be a force for equality and tolerance. In a crèche in South Africa, the seeds of racial healing are being sown in an area where apartheid had previously fostered hatred. In a poor neighbourhood in Johannesburg, tucked in the corner of a park once labelled 'For whites only', the Impilo Project is providing innovative and comprehensive care for young children of all races. When ECD works with parents and communities to foster problem-solving over conflict and acceptance over intolerance, the groundwork is laid for children to live lives in ways that

Two Macedonian children playing in the leaves on the grounds of a UNICEF-supported institution for those with mental disabilities in Skopje.

UNICEF/95-0839/Lemoyne

Photo: A teacher with her young students at a Nepali pre-school.

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*The child-rearing study was a joint initiative of Save the Children Alliance members (Norway, UK and US)/UNICEF/Seto Gurans National Child Development Services/City University of New York's Children's Environments Research Group/Tribhuvan University's Research Centre for Educational Innovation and Development.

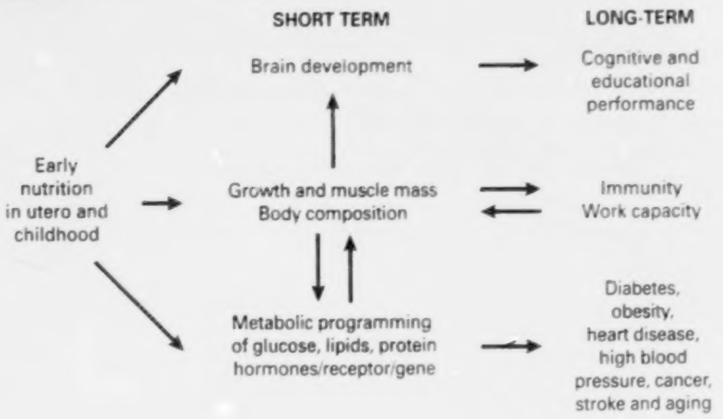
PANEL 3 Healthy pregnancies: Protecting the rights of both women and childre

Of the many causes of disease, disability and death among children, none cuts a wider swath with more long-range consequences – yet is more easily preventable – than maternal ill health during pregnancy. This toll is not only unforgivable, it is also unnecessary and can be avoided through interventions that cost a mere $3 per capita per year.

Ensuring that pregnancies are healthy clearly can have a profound impact on women, children and society at large. Expectant mothers require adequate nutrition and good, accessible prenatal, delivery, obstetric and postnatal care, as well as an environment free of pollutants, exhausting labour and extreme stress such as conflict. Investments in maternal nutrition – on protein, vitamin A and iron supplementation or fortification – yield high returns. Eliminating malnutrition among expectant mothers would reduce disabilities among their infants by almost one third. For at-risk infants, early childhood care programmes can help prevent disabilities.

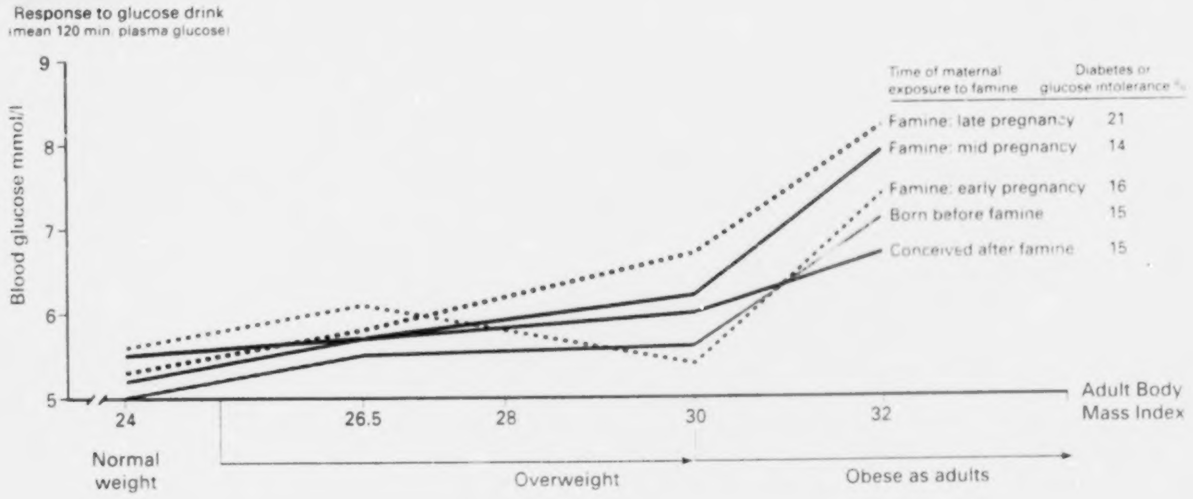
Girls and young women must have educational opportunities to better provide for their children. Women of all ages need to be screened for HIV/AIDS and sexually transmitted infections. Fathers must be included in parent education. Communities need clean water and sanitation, and societies need the values and the legislation that create respect and a non-discriminatory climate for women.

Figure 3 The short-term and long-term effects of early nutrition


SHORT TERM
LONG-TERM
Brain development
Cognitive and educational performance
Early nutrition in utero and childhood
Growth and muscle mass
Body composition
Immunity
Work capacity
Metabolic programming of glucose, lipids, protein hormones/receptor/gene
Diabetes, obesity, heart disease, high blood pressure, cancer, stroke and aging

Source: *Ending Malnutrition by 2020: An agenda for change in the millennium,* final report to the ACC/SCN by the Commission on the Nutrition Challenges of the 21st Century, February 2000. Figure 3, p. 19; Figure 4, p. 20. Adapted from A.C.J. Ravelli et al., 'Glucose tolerance in adults after prenatal exposure to famine', *The Lancet* 351 (9097) copyrighted by *The Lancet,* January 1998.

Figure 4 Effects of maternal exposure to famine



promote peace within families and societies.

In those instances where ECD is developed with community involvement from the initial planning phase, the corollary benefits include strong and energized communities. In Nigeria, for example, the Community-level Nutrition Information System for Action (COLNISA) used community analyses to build 'baby-friendly communities', linking health facilities and hospitals. Currently, 32 communities are working for their children's healthy development by promoting exclusive breastfeeding, timely and adequate complementary feeding and improved household sanitation.

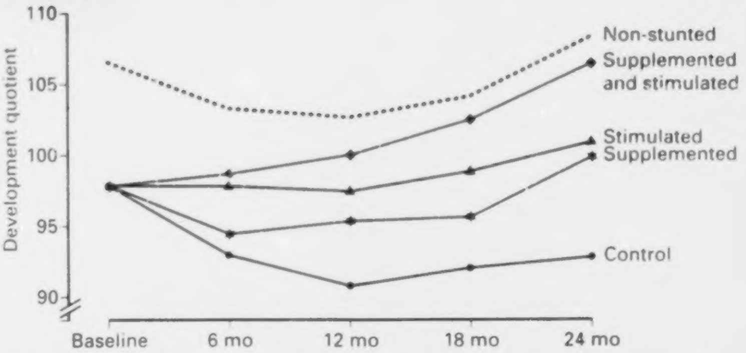
A local NGO in Cameroon, Association pour l'auto-promotion des populations de l'Est Cameroun (Association for the Self-promotion of Eastern Cameroon's People) has created non-formal pre-school education centres in the most remote areas of Cameroon's equatorial forests to reach the Baka pygmy, a traditionally nomad people, in order to prepare their children for school. In more than 60 UNICEF-supported centres, teaching methods have been adapted to pygmy culture and language for children from 0-12 years.

Converging services. There are many entry points in existing sectors for ECD programmes that build on what international agencies, national governments and local communities are already doing. For example, while nutrition programmes might be focused on good prenatal care and teaching the importance of exclusive breastfeeding for the first six months and its continuation for two years and beyond, they can also educate mothers about the importance of early social, emotional and cognitive stimulation. In Oman, a network of female community workers who were originally entrusted with breastfeeding promotion has been trained to advise mothers on a broadened spectrum of early childcare issues. In some countries, the community health system is the entry point for child development. In other countries, water and sanitation programmes incorporate ways to assure safe spaces for play and exploration.

One of the most important aspects of ECD is that it can build effectively on what already exists. It is not about reinventing the wheel but about giving parents and communities the support they need and maximizing existing resources. With health, nutrition, water, sanitation, hygiene, education and child protection programmes already available, it is possible to integrate or combine these services to provide for the whole child. Pastoral da Criança is an example of the convergence of early childhood services through the health sector. In Colombia, the Project for the Improvement of Education (PROMESA) chose the education sector to integrate services. In educational programmes, groups of mothers learn how to stimulate the physical and intellectual development of their children from birth to age six.

But before ECD has its chance to succeed, there must be a broadened understanding of the rights of children, and the commitment to spend what must be spent and do what must be done to assure that those rights are realized.

Figure 5 **Early intervention reduces the disadvantage of stunting**



Source: S.M. Grantham-McGregor et al., 'Nutritional supplementation, psychosocial stimulation and mental development of stunted children: The Jamaican study', *The Lancet*, 338 (8758), copyrighted by *The Lancet*, July 1991, pp. 1-5, adapted in *Ending Malnutrition by 2020: An agenda for change in the millennium*, final report to the ACC/SCN by the Commission on the Nutrition Challenges of the 21st Century, February 2000, p. 10.

PANEL 4 Iniciativa Papa: Improving the lives of children, one father at a time

UNICEF/00-0064/Schytte

Every day at noon, without fail, Juan Aguirre Quispe picks up his daughter from day care. His large, muscular hand clasps the toddler's small, delicate fingers as they stroll along, singing songs she learned at the centre. After his hectic morning of work, the 33-year-old father looks forward to this oasis – time spent jumping, giggling and cuddling with his little girl. He deflects his friends' wisecracks about doing "women's work" with retorts about how the stories and tickles he shares with his children make them smarter. In his heart, he knows that their time spent together is also good for him.

"I enjoy our being together. We eat together, we play and spend more time together," said Mr. Quispe. Reflecting on his life since sharing the care for his children, he believes that his marriage is now stronger. "My wife and I communicate more, we show our love and union."

Mr. Quispe is one of 96,000 Peruvian men who participate in Iniciativa Papa, an ECD initiative introduced by UNICEF and implemented through pre-school programmes by the Ministry of Education. In its work with men and teenage boys, Iniciativa Papa reinforces the important roles they play in raising children. In small groups led by trained facilitators, fathers discuss the benefits of sound nutrition, clean water, immunizations and cognitive stimulation. Like other countries, such as Jordan and Namibia, Peru's commitment to its smallest citizens advocates the giant role of fathers in childcare. Men throughout the world are learning first-hand how to positively contribute to their children's lives.

In Namibia, for instance, community liaison officers captured the attention of villagers by calling for "fathers' meetings." Tapping into the men's competitive spirit, they developed a board game, *For Fathers Only – Fathers Involved in ECD*. The board has a series of blocks with various sketches of men playing with and caring for children. The object of the game is to move from the start to the finish box by drawing a card and answering a question, such as "What do children gain from playing?" After one father answers, the group evaluates his explanation. If they agree that he gave a thoughtful and correct response, he moves his piece forward.

In Jordan, fathers involved in its Better Parenting programme meet in small groups during the evening at community centres or the homes of village leaders. They learn how to construct play environments with material found around their homes. They talk about how men's affectionate care – playing, dancing, bathing, feeding – helps children develop.

Studies of fatherhood underscore something that men who actively participate in their children's lives know viscerally: When men are more than breadwinners or disciplinarians in families, everyone gains. Fathers have always been viewed as power-brokers. But equally important as their economic contributions and authority is their influential role as nurturers and caregivers.

When fathers nurture their children, not only are the children physically healthier, but they're also more mentally acute and emotionally sound. A study of eight-year-olds in Barbados found that children performed better in school when their fathers were actively involved in their lives – whether or not their fathers lived with them. Studies in the United States showed that infants with highly engaged fathers scored higher on pre-school intelligence tests than infants whose fathers were less involved. Increased academic scores are not the only benefits provided by a devoted father. When fathers and children play, sing and laugh together, there is a greater chance for happy, well-adjusted families.

Since its inception two years ago, Iniciativa Papa has successfully engaged men and teenagers in evaluating rigid gender roles and challenged them to become architects of their children's future. Besides learning concrete facts about child development, the men also confront the values that have been passed down from generation to generation. But changing long-held beliefs about mothers' and fathers' roles or their expectations of sons and daughters is often an uphill battle.

"Machismo is not something that can disappear overnight," says Jessica Avellaneda Garcia, a 24-year-old programme facilitator. "But there is progress. They seem more willing to communicate, they value women's work in the house more and they interact more with their children."

Rising above old stereotypes, some fathers are learning that singing, storytelling, listening, feeding, cuddling and playing improve the minds and bodies of their sons and daughters. The men also understand the importance of tolerance and tenderness in crafting their children's self-worth.

"I've learned to be more patient," said Braulio Gálvez Gutiérrez, a father who participates in the teenage group. "These are little children, and you have to have a lot of patience. That's why it's better to take advantage of their curiosity to teach them, so they can learn. I try not to scream at my son. Now I show him more my love."

Photo: Father and son in Guatemala.

Caring for children = caring for women

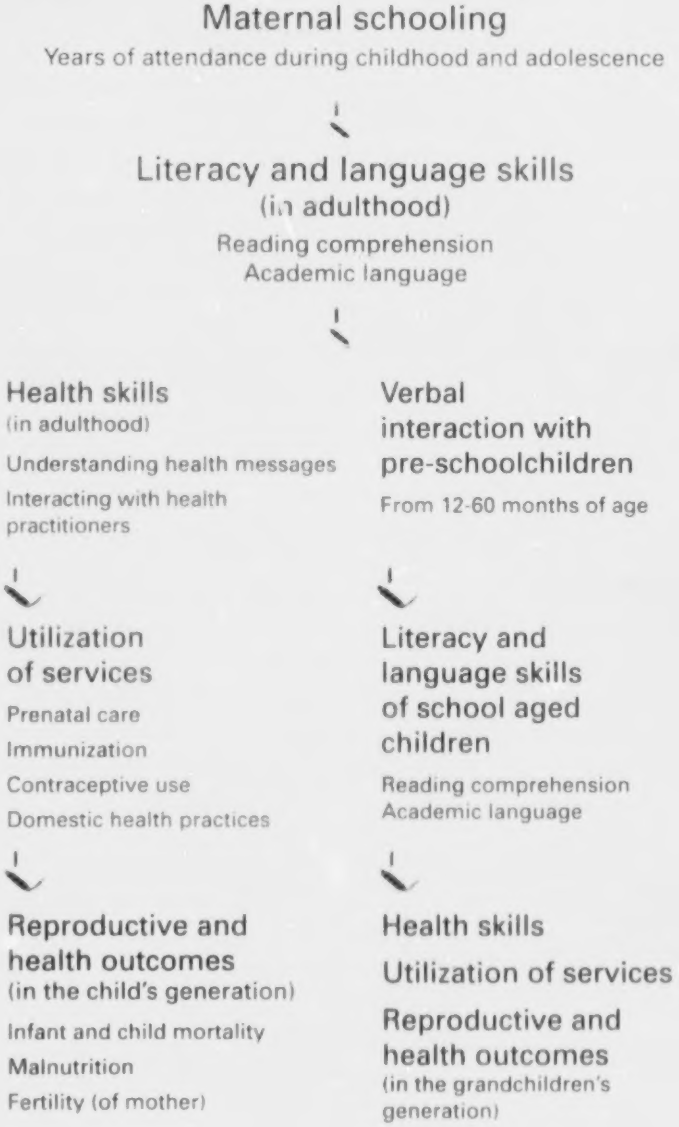
Emphasizing the care of babies and toddlers means focusing also on women whose physical and emotional condition influences their pregnancies and their babies' development (*see Panel 3*). Poor prenatal care and malnutrition in mothers have been linked to low birthweight, hearing problems, learning difficulties, spina bifida and brain damage in children.[11] Infants born to underweight mothers are more likely to develop certain diseases and conditions later as adults, such as diabetes, cardiovascular disease and obesity.[12]

The 1990 World Summit for Children recognized the importance of maternal health to children when it called for cutting maternal deaths in half by the year 2000. In Vienna in 1993, the World Conference on Human Rights reaffirmed that women's rights are human rights, and in 1994 in Cairo, the International Conference on Population and Development argued that women's health, including reproductive health, was essential for sustainable development. And at the Fourth World Conference on Women held in Beijing in 1995 and at its five-year follow-up in New York, improvements in women's health were identified as one of the action priorities for ensuring gender equality, development and peace in the 21st century.

Yet today, maternal mortality rates remain high. A woman in the developing world is on average 40 times more likely than a woman living in the industrialized world to die from complications of pregnancy and childbirth.[13] A study in Bangladesh showed that when a woman dies in childbirth, her surviving baby is 3 to 10 times more likely to die within two years than a child who is living with both parents.[14] Shoring up care for mothers would protect children. Recognizing this, UNICEF, the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and the World Bank, along with their many partners, promote safe motherhood initiatives throughout the world.

Of course, many cultures understand this connection. Bangladesh, for example, established an annual Safe Motherhood Day,

Figure 6 **Maternal literacy and child development**


Maternal schooling
Years of attendance during childhood and adolescence
Literacy and language skills
(in adulthood)
Reading comprehension
Academic language
Health skills
(in adulthood)
Understanding health messages
Interacting with health practitioners
Verbal interaction with pre-schoolchildren
From 12-60 months of age
Utilization of services
Prenatal care
Immunization
Contraceptive use
Domestic health practices
Literacy and language skills of school aged children
Reading comprehension
Academic language
Reproductive and health outcomes
(in the child's generation)
Infant and child mortality
Malnutrition
Fertility (of mother)
Health skills
Utilization of services
Reproductive and health outcomes
(in the grandchildren's generation)

Source: R.A. LeVine, S.E. LeVine and B. Schnell, "Improve the Women: Mass schooling, female literacy and worldwide social change" (unpublished manuscript), February 2000, fig. 2.

recognizing that caring for pregnant women anchors healthy starts for babies. Backed by a mass media campaign, the Government, health care workers and various agencies mobilized to address the social issues behind maternal deaths. Bangladesh's push to provide safe and healthy pregnancies ultimately strengthens the care of babies.

Educating families about the importance of proper diet and health care for pregnant women is also part of ECD, as is educating men about their important roles in caring for their pregnant wives and nurturing their children (*see Panel 4*). When fathers, as well as mothers, are convinced about the supports required for healthy pregnancies and child development, harmful health practices can be eliminated.

> ***The best time to start ensuring a full life is as early as possible.***

Women's gains are children's gains. If the world fails to honour women's rights, it will fail to deliver on its responsibilities to all children. Two areas where women's rights directly affect children are in health and education. Infant deaths are significantly related to the poor nutrition and health of their mothers prior to and during pregnancy and soon after the post-partum period. Improved prenatal care for mothers saves both women's and children's lives. In Africa, most of Asia and in Latin America, women's increased school attendance during the later part of the 20th century contributed to falling birth and death rates.[15]

With greater emphasis on ECD, including cognitive stimulation and social interaction, women's access to education becomes even

Near the town of Xunyi, in China's Shaanxi Province, a woman spreads soil she has just unloaded from the cart where her baby now sits.

UNICEF/90-1775/Lemoyne

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more important than before. A study of Guatemalan women found that the longer a mother's schooling, the more she talked with her toddler. In addition, she was more likely to take on the role of teacher for her child.

But women's rights are human rights, and ECD has benefits for all women, not only mothers. While gender biases and inequalities are deeply rooted in cultural traditions, ECD offers a beginning for correcting gender inequities and improving women's lives. There is increasing evidence, for example, that services such as parenting programmes for new fathers and mothers change relations in families and their perceptions of what girls might and can do, getting to the core of gender bias in its early stages.

A cycle of hope and change

There is a strategic approach to realizing the rights of children and women with great potential for cutting through the cycles of deprivation, disease, violence and discrimination that currently drain the lives and spirits of children and adolescents around the globe. This approach would assure all infants the best possible chance for their survival, growth and development. It would promise that all children are ready for school and all schools are ready for children. And it would insist that children and adolescents be given the opportunity to participate in and contribute to their societies.

Such an approach is grounded in the knowledge that all stages of child development are linked and that the best time to start ensuring a full life is as early as possible. A healthy baby will likely become a physically and mentally strong child ready for school and later learning. That strong child will likely grow to be a contributing adolescent, more apt to continue with education, delay marriage, defer childbirth, avoid high-risk pregnancy and later set a sound foundation

UNICEF/[illegible]/Jamaica/[illegible]

In the rural parishes of Jamaica

In Jamaica, where more than 20 per cent of all births are to girls aged 15-19, the Roving Caregivers Programme supports teen mothers by caring for their babies in a demonstration day-care centre while they attend counselling sessions and academic classes, train for jobs and work on building their self-esteem. In the same settings, there are special sessions for fathers of the babies and mothers of the teenage girls.

Within their own communities, young parents take part in group meetings that provide referrals to health clinics and training and support for income-generating activities. Together with their peers, they learn about reproductive health and the benefits of breastfeeding, good nutrition and environmental hygiene and safety.

And in the central rural parishes of the island where the programme is largely based, 'Roving Caregivers' walk from home to home working with children 0-3 years old and their parents, introducing them to developmentally appropriate childcare practices. 'Rovers' are young secondary school graduates from within the community who are engaged in regular, on-going training in child development. Each is assigned about 30 families. They help parents be better observers of their child's development and create developmentally appropriate home-learning environments. The Roving Caregivers attend bimonthly meetings to report on the families' progress, plan activities and prepare training materials. The parents, caregivers and children themselves produce all of the toys and teaching materials used in the programme.

Part of a multidimensional, non-formal, integrated programme of child development and parenting education, the Roving Caregivers Programme has been a collaborative effort of local communities, the Government of Jamaica, UNICEF, the Bernard van Leer Foundation and the Rural Family Support Organization since 1992.

Designed to support 'high risk' families in meeting the developmental needs of children from birth up to three years, the programme has benefited over 3,500 children in 700 homes in 25 rural districts and 1,300 children in 11 economically depressed inner-city communities.

PANEL 5 Paternity leave, baths and evil spirits

Monica Newton/Peru

Taking paternity leave to care for and bond with his newborn baby, British Prime Minister Tony Blair joined his Finnish counterpart as a pioneer among Western world leaders who, in the past, have left these early weeks of childcare to their wives. By setting some time each day for 'high office' paperwork, the Prime Minister managed to satisfy all media watchers by balancing old cultural habits with new beliefs.

In some other parts of the world, practices that surround the birth of a baby are, at first glance, less pragmatic. A Wayapi father in Guyana rests still in his hammock for three days after the birth of his child in the belief that he is diverting the attention of evil spirits away from the infant and onto himself. A parent in some parts of India smudges her newborn's forehead with charcoal or smoke, holding that black averts the evil eye and frightens off harmful spirits. In many cultures, babies wear amulets, bracelets or ties as protection against being pulled from this world.

Whether in industrialized cities, on the plains of Kenya or in the jungles of French Guyana, parents face similar responsibilities as they try to protect and shelter their children, secure their daily food, keep them clean and healthy and help them grow and develop. The solutions to these challenges are as multiple as the cultures that produce them. They reflect the values and beliefs of a community while laying the foundation for a child's cultural identity, a fundamental right the child enjoys. They also influence the course of childhood, adolescence and the way children will parent when they become adults.

Clearly, some traditional practices, such as food taboos for pregnant women or female genital cutting, are harmful to both mother and child and should be stopped. There are, however, many other traditional customs of great benefit to the developmental needs of the baby and closer to modern thought on child-rearing than they first seem. In some African and Latin American societies, for example, tradition requires the confinement or a 'quarantine' of a mother and her infant for several days or weeks after birth. During this time, the mother is cared for by family members and does nothing but eat, breastfeed and bond with her baby. The wisdom of this practice is carried over to most industrialized and many developing countries as mothers who are salaried employees are legally entitled to maternity leave.

Another example of an effective traditional practice is when mothers in Kenya, New Caledonia and Sumatra fill their mouth with water and spit-bathe their babies to keep them clean. Masai mothers direct a strong jet of water and Batak mothers in Sumatra and Wayapi mothers in Guyana blow a diffused spray. While the shower techniques vary, all the babies are washed with warm water.

Infants among the Baule in Côte d'Ivoire are bathed twice a day and scrubbed vigorously, using hot water, soap and a vegetable sponge. After the mother has washed and rinsed him twice, the squalling baby is put to the breast for calming. The baby is then massaged, his hips and shoulders stretched and manipulated, his head pressed and moulded. He is rubbed with creams, dusted with powders and daubed with perfumes and kaolin, a soft white clay. During this stage of the toilette the baby is typically calm and wide-eyed. After the ritual is completed the baby – alert, active and awake but completely calm – is clothed and given to a family member to hold.

In many cultures, carrying a baby is the natural means for the parents or caregiver to transport the child. It is also a means of protecting the baby, strengthening young muscles and providing stimulation. Carried in a sling, a sash, a calabash or a cradle, the baby is constantly close to the mother's body. In the mother's arms or on her back as she goes about her busy life, the baby takes part in a variety of activities and experiences constant tactile and visual stimulation.

Bobbed up and down as their mothers run along a path, bent to the earth as their fathers sharpen a knife or jounced at a dance party, babies are constantly exercising their muscles as they adapt to the movements of the adults carrying them. Yequana Indians in Venezuela carry their babies from the moment of birth until they are able to crawl. Javanese babies spend most of their time close to their mother's chest in a shawl, able to nurse on demand. To protect babies from bodily harm, mothers will not let them set foot on the ground until they are seven months old.

Popular wisdom now contends that the early bonding with the mother during a confinement period or the constant carrying of the baby and breastfeeding on demand further the development of the baby's feelings of security, trust in other people, and sense of self-worth. And indeed, increasing numbers of parents in the Western world are taking their babies out of strollers and carrying them in slings. Those customs that stimulate a baby's senses and enhance his or her development and even the mystical rituals that have traditionally been used for child protection – different from modern practices as they might seem – merit closer scrutiny as to how well they meet a young child's needs.

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for the next generation of children. Investing in children from their very earliest moments displaces negative patterns in a society and allows cycles of hope and change to have their turn.

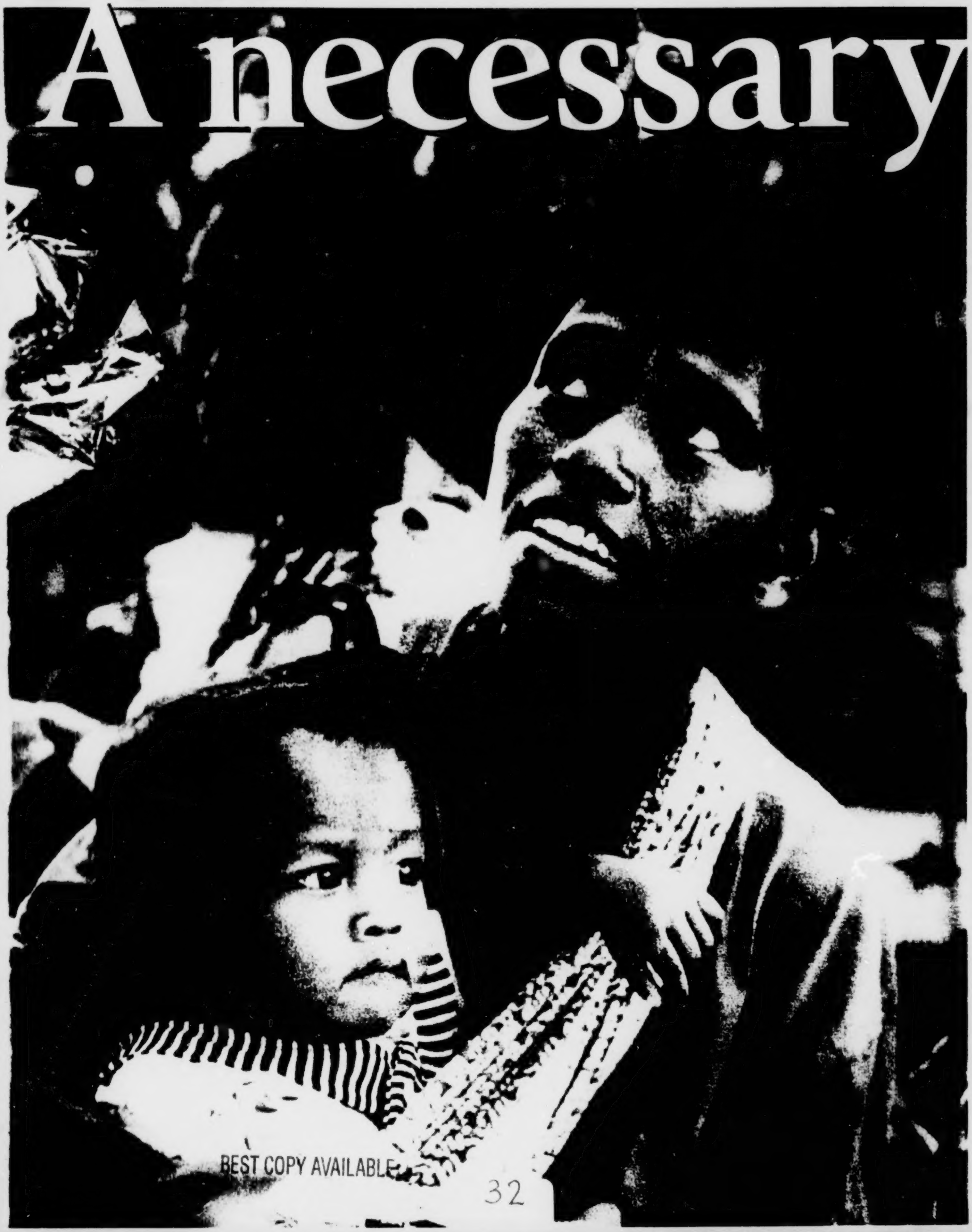
If a country hopes to loosen the strangleholds to development that are currently wrapped tightly around the lives of families, then it must do four, equally essential things, at the same time.

1. It must continue to make child survival a priority.
2. It must assure that surviving children are healthy and possess the skills to thrive and to live full and productive lives.
3. It must prepare parents for their pivotal role in childcare and build the capacities of communities to support them.
4. It must create a society that is free from violence and discrimination at all levels and that values the lives and contributions of children and women.

Special Session on Children

When the United Nations General Assembly's Special Session on Children takes place in September 2001, leaders of governments and NGOs will face the continuing challenge of applying the principles of the Convention on the Rights of the Child and meeting the goals set forth at the 1990 World Summit for Children. They will also have the opportunity to be architects of a new agenda for children. They must not fail to recognize that what is best for the youngest citizens is ultimately best for countries.

A necessary



choice

UNICEF/99 1086/Thomas

Attention to the youngest children is most needed where it is most difficult to guarantee – in countries gripped by intractable poverty, violence and devastating epidemics, where parents' hopes and dreams for their children are seriously countered by the realities of life. With the global economy booming, the majority of children still live in poverty. While the world embraces the hope of peace, profit-driven conflicts and ethnic battles erupt, risking the lives and psyches of children. And as HIV/AIDS destroys families, children are left to fend for themselves.

Parents and caregivers struggle for their children's future every day, seemingly every minute. As they deal with the crises and stresses of their lives, too often they have little energy left for their infants and toddlers. The rights of young children to survive, grow and develop are threatened when the adults in their lives are exhausted.

But these obstacles, while looming large, are not impossible to overcome, as people find and create ways of caring for their children.

Photo: A mother and her children in the 1999 East Timor crisis.

IN TANZANIA, Febronia, a 35-year-old woman, has given birth to seven children. Four have survived: Martha, 10, Angela, 8, Colman, 6, and Grace, 9 months. Two sons died at age 7, one from yellow fever and the other from an unknown cause. Another child, born prematurely, died shortly after birth. Her husband, Damas, 42, sporadically works at a coffee plantation and the family survives on a cash income of about 80,000 shillings a year ($125).

Febronia and her family live in a shanty made of wood, mud and tin. The area around the house is thick with red mud that crusts on the shoeless feet of the mother, father and their four children. Spending an hour each day fetching water from a stream about 3 kilometres away from her home, Febronia worries about leaving her young children alone at home. But what worries her most is being away from the baby for stretches of three hours or longer. While Febronia collects grass for the family's small herd of cows, Grace is left with Febronia's eight-year-old daughter after she returns from her half-day of school.

At the St. Francis Hospital in Ifakara, in the United Republic of Tanzania, a woman sits by the bedside of her 16-month-old son, who is severely ill with malaria.

UNICEF/00-0022/Pirozzi

Like many mothers in many countries, Febronia spends each day from dawn to dusk struggling to feed and protect her children, with few resources and little support. She begins her day at 6 a.m. preparing porridge for her family. Besides collecting grass for the cows and water and food for the family, Febronia searches for firewood for cooking. Each day, she takes her small children to bathe in the stream. During the rainy season she tries in vain to keep them clean. Like many in the community, the family does not have a permanent latrine, so the muddy water that swirls past their hut is mixed with faeces.

From morning to night, Febronia's every waking moment is spent in the service of others. Her tasks are endless. Hours on end, Febronia, a sturdy woman with close-cropped hair, can be seen walking, posture-perfect, carrying heavy loads on her head. Once back home, she cooks, cleans and cares for her family. She works in their small vegetable garden. In between chores, she breastfeeds her baby. After the day's work is done and the last child is bedded down for the night, she says her prayers and goes to sleep.

Like millions of women worldwide, Febronia is unsafe in her home. She is afraid of her husband, who she says drinks too much alcohol. Sometimes he punches and kicks her.

The seeds of male privilege and female servitude have already been planted in Febronia's family. While her mother works in the fields, Angela, the shy eight-year-old who still sucks her thumb, takes care of the baby. When 10-year-old Martha with the furrowed brow and pensive eyes returns from school, she washes dishes, helps cut grass for the cows and works in the garden. And what does Febronia's son do while the girls are working? Colman, a boy with a cherubic face and an impish smile, plays in the mud and climbs trees.

Like 1.1 billion people worldwide, Febronia lacks access to clean water. After her daily trek for water, she must boil it to protect her children from cholera and other water-borne diseases. The family, like 2.3 billion adults worldwide, does not have access to a decent latrine. Without clean water and a permanent latrine, maintaining good hygiene is yet another hardship for Febronia and her family. They risk diarrhoeal and other diseases, including trachoma, an eye infection that is easily spread among children and their mothers and which, with repeated occurrences, eventually leads to blindness.

> ***When poverty engulfs a family, the youngest are the most affected and most vulnerable.***

Although the family has a small vegetable garden and a couple of cows, poverty robs the family of adequate nutrition. The three oldest children show signs of being malnourished, with patches of bald spots on their heads. The eldest child, Martha, has sunken eyes with deeply dark, puffy circles underneath.

The children are not the only ones: in this village of 2,448 people there are 10 licensed bars but no child-feeding centres since 1995. Here, children without day care are often without food for stretches, in some cases for as long as eight hours.

While all but the infant have completed their immunizations against the six major childhood killer diseases, Febronia and Damas have watched three of their children die. A health worker visits their home each week, and there is a missionary hospital less than a kilometre from the village. But Damas bemoans, "The hospital is there, but without money, you will die on its doorstep."

Ten-year-old Martha is in the second grade of primary school, and the eight-year-old and six-year-old are involved in pre-school for two hours each morning. The parents recognize the benefits of pre-school, boasting that the children can count, sing and tell stories. But Damas, a gaunt man in oversized clothes, fears that he will not be able to afford to keep his children in school. When he was a child, education in Tanzania was free, he says, and it provided him with lunch. Today, there are fees for books and uniforms, and lunch must be brought from home. Damas believes that education will provide a better future for his children, but without money their chances are lost.

Challenges to ECD

Why has the decision to invest in ECD, so seemingly the best public policy for responsible leaders, not been made in every community and every country?

Because poverty is a merciless foe. In a time of unprecedented global prosperity, the World Bank estimates that in 1998, 1.2 billion people, including more than half a billion children, lived in poverty on less than $1 a day.[18] In the poorest nations, money that could go to education, health care and infrastructure improvement is spent on debt repayment. Developing nations owe more than $2 trillion to the World Bank, the International Monetary Fund (IMF), other lenders and industrialized countries.[19] Loans that were meant to lift countries out of poverty – that could lift them in a generation if their monies were invested in ECD today – are instead dragging them further into debt.

Because of the ever-present threat or reality of violence. The rights to survival, growth and

Pirozzi/Angola

development of millions of children throughout the world are at risk along a continuum of violence that stretches from households, where children are often exposed to or are victims of violence and abuse on a routine basis, to international policies, where infants and children die as a result of economic sanctions, to the horrors of modern warfare, where millions are killed and millions more survive only to be haunted by their memories.

And because by killing more than 2 million adults each year, HIV/AIDS strips a front line of protection from the thousands of children who are orphaned each day. HIV/AIDS is a global emergency of devastating impact, taking the lives of adults and children in every region of the world and leaving child survivors to cope without parents and grandparents, aunts and uncles and siblings, teachers and health care workers.

Violence is a public health issue in almost every industrialized and developing country in the world.

The disease spares no continent.[20] In 1998 alone, 2.2 million Africans died from HIV/AIDS. In 1999, nearly a quarter of a million people in Ukraine had the virus. In Latin America and the Caribbean, 1.7 million people are HIV infected, 37,600 of them children. And in Asia, 6.1 million people, including 205,200 children, were living with HIV at the end of 1999.

The effects of poverty on early childhood

When poverty engulfs a family, the youngest are the most affected and most vulnerable – their rights to survival, growth and development at risk. A child born today in the developing world has a 4 out of 10 chance of living in extreme poverty.[21] This poverty defines every aspect of the child's existence, from malnutrition, lack of clean water, inadequate sanitation, to life expectancy. It is the main underlying cause of millions of preventable deaths and the reason why children are malnourished, miss out on school or are abused and exploited. And it is at the core of a pervasive violation of children's rights.

Poor and uneducated parents lack the information needed to provide optimum care for their children, increasing the risks of childhood illness and childhood mortality. Infants born to mothers with no formal education are twice as likely to die before their first birthday than are babies born to mothers with post-primary school education.[22]

For children under two years, malnutrition, as both a consequence and a cause of poverty, has a particularly profound effect. It causes permanent and irreversible damage on the body and mind of the young boy or girl. Infants who are poor and malnourished are more likely to contract respiratory infections, diarrhoea, measles and other preventable diseases and less likely to receive needed health care. In at least one district of Tanzania today, 80 per cent of the children who die before the age of five die at home without ever going to a hospital.[23]

But poverty does not exist solely in the developing world. Pockets of impoverishment exist throughout the industrialized world as well. About 3 million people in 15 countries of the European Union lack permanent housing.[24] In the United States, about 17 per cent of all children are growing up in households struggling to meet basic nutritional needs.[25] Throughout the industrialized world, mothers and fathers seek services for their children.

Equal to the profound impact of poverty on a young child's right to survival and physical well-being are poverty's effects on the child's rights to psychological, emotional and spiritual development. In both developing and industrialized countries, poverty and family dysfunction go hand in hand, with the youngest children suffering the loss of the close nurturance, stimulation and care that are necessary for healthy development.[26]

Poverty's cycle does not stop in one lifetime. A girl born to poverty is more likely to marry early and have a child while still an adolescent. A malnourished girl becomes a malnourished mother, who will give birth to an underweight baby. And, like their parents, poor children are likely to transmit their poverty to the next generation.

Lacking a single indicator, poverty is not always easy to quantify. Simply recognizing income poverty does not acknowledge poverty's non-measurable aspects, such as discrimination, social exclusion or deprivation of dignity. For example, discrimination compounds the effects of poverty on the Roma population throughout Europe. Life expectancy of the Roma is the lowest of any group in Europe. The 1991 infant mortality rate for Roma in the former Czechoslovakia was more than double the rate for the rest of the population.[27]

UNICEF/99-0057/Lemoyne

The youngest refugees in the former Yugoslav Republic of Macedonia

In March 1999, 360,000 refugees from war-torn Kosovo sought safety in neighbouring TFYR Macedonia. Nearly half were sheltered, fed and cared for by Macedonian families. Conditions in the homes that had welcomed refugees were strained, with as many as 100 people living under the same roof. Suddenly a great number of people were living in harsh and difficult circumstances, and the most disadvantaged were the youngest children.

School-aged children attended classes which, though cramped and makeshift, provided some focus and a sense of normalcy to their disrupted lives. But younger children were left in crowded spaces with war-traumatized parents, in most cases mothers, who themselves had little energy left to provide the care and attention their children needed.

Within a month, UNICEF and the Albanian League of Women, a women's umbrella NGO in TFYR Macedonia, launched an emergency project in the seven communities most affected by the crisis. About 150 volunteers were trained in community work, family visits and group meetings, as well as in child development issues. Both refugee and host families – 6,500 families with 9,000 children – were reached with messages and materials about parenting under crisis.

The emergency project was able to improve the care and attention the children received, despite the difficult living conditions. It also provided a means of identifying and referring individuals in need of psychosocial counselling. After the refugees returned to Kosovo, the project was then adapted to the needs of Macedonian children and families in the same, mostly rural, communities. In addition to improving childcare practices, the project was a vehicle for empowering women as active, decision-making partners in the family and in the community.

Encouraged by the response and enormous interest, a national expansion plan was drawn up in collaboration with the Albanian League of Women and the Union of Women's Organizations, a women's umbrella organization of Macedonian, Roma, Serbian and other minority groups. An additional 32 regional training and coordination centres have been established and toy/picture book libraries have been initiated. The project covers more than 650 villages and reaches an estimated 70,000 children.

UNICEF/93-1198/Andrew

Childcare practices in Malawi

In Malawi, where about 15 per cent of children are orphaned by HIV/AIDS, disease and unrelenting poverty continue to erode the capacity of families and communities to care for their youngest members. More than 90 per cent of the children in rural areas, where 85 per cent of the country's population lives, have no access to any form of organized early childhood care – care that can enhance their right to survival, growth and development.

In 1999, the Government of Malawi and UNICEF stepped up their efforts on behalf of children from 0-3 years old, developing policies, guidelines and training modules at the central level. Extension workers were trained and local plans of action were developed at the district level. As a result, there is an increased demand for early childcare services – a first sign of success. While the number of community-based childcare centres is still quite small, demand is rapidly increasing and the benefits of focusing on the needs and rights of young children and their families are becoming more visible.

Local projects use a home visitor model and depend on volunteer community members to serve as caregivers and committee members. The projects focus on six childcare practices: care for women, breastfeeding and complementary feeding, food preparation, psychosocial care, hygiene practices and home health practices. Despite abject poverty throughout much of the country, many community members contribute food supplies and work in communal gardens or other income-generating activities to raise money for the centres.

Most agencies involved, including government, NGOs and UNICEF, are seeking ways and funds to build technical capacity in the area of early childhood care. One eagerly awaited option is the ECD Virtual University, planned by Canada's University of Victoria.

The rights of children are violated every day, as poverty causes millions of the world's young citizens to go without teachers, medicines, latrines and, in some cases, food and clean water. As it causes millions more to be sold into bondage to pay off family debts or abandoned to institutions because a family is without resources. And causes others to be left on doorsteps in urban slums or starved and neglected, hidden from view in city apartments.

The effects of violence against women on early childhood

Violence is a public health issue in almost every industrialized and developing country in the world, exacting a price in lives, injuries and disabilities, leaving physical and psychological wounds, some of which never heal. The poor are the most likely victims and perpetrators of violence. Women and children, more often than others, are the targets of a wave of rage and aggression that is on the rise across continents due to a complex set of economic, political, social and cultural reasons.[28]

As violence strikes at the rights of women in every phase of their lives, infants and young children are twice exposed. First is through direct attacks: In some regions of the world, especially in South Asia, violence shows itself in systematic female foeticide and female infanticide.[29] In other regions, violence against children is less obvious in its manifestation but not in its effects: Less nutritious food, health care and schooling mean a quiet death for unknown numbers of young children, with young girls and children with disabilities especially at risk.

The second exposure for infants and young children is through their mothers. Women's powerlessness, caused by both inequality and abuse, threatens babies and young children. Each year, almost 8 million stillbirths and early neonatal deaths occur due to women's poor health and nutrition during pregnancy, inadequate care during delivery and lack of care for the newborn.[10] A Nicaraguan study found that children of women who were sexually or physically abused by their partners were 6 times more likely than other children to die before the age of five. The children of abused women were more likely to be malnourished and less likely to be immunized or to receive oral rehydration therapy for diarrhoea.[11]

Domestic violence. Violence that occurs in the home is a health, legal, economic, educational, developmental and, above all, a human rights issue. It cuts across boundaries of culture, class, education, income, ethnicity and age. Relatively hidden and ignored, it is the most prevalent form of violence against women and girls.[12] In the United States alone, estimates are that anywhere from 2 million to 4 million women are violently attacked by their husbands each year.[13]

Violence in the home undermines child survival, and children who witness abuse or are themselves abused exhibit poor health and behaviour problems. Their rights are violated by acts of aggression from those they should be able to count on to protect them. Children who are sexually abused are left traumatized, unable to build the relationships of trust and intimacy that are essential for their healthy development.[14]

It is a tragic irony that women and children are often in the greatest danger in the place where they should feel the most secure – in the home. Violence against women often equates to violence against children, and it perpetuates the cycle as it passes on destructive behaviours and negative role models to the growing and ever-watchful child.

Like other children living in violent households, for example, Martha, Angela, Colman and Grace run the risk of becoming victims of domestic violence. The six-year-old boy may have already learned the role of batterer from his father. The cycle of violence

UNICEF/94 1533/Sahmullah Salim

Men protesting the writings of Bangladeshi woman writer Taslima Nasreen lash out in anger by attacking a female bystander in the capital, Dhaka, 1994.

UNICEF/99 0177/Radhika Chalasani

This Kosovar refugee woman carrying a toddler on her back waits to board a truck that will take them from the border to safe areas in Albania.

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can only be broken through early intervention. Clearly, changing the power dynamics between men and women bodes well for children. Tanzania's push to include men in its early childhood care programmes makes sense. By addressing family and community attitudes towards women, the country may rescue nine-month-old Grace from a lifetime of beatings and discrimination.

Money that could be spent on building young lives is instead wasted on destruction.

The effects of armed conflict on early childhood

On any given day, more than 20 armed conflicts are being fought around the world, most in poor countries.[15] War is traumatic, at the very least disrupting daily lives and usual routines. More likely, violating a child's rights. In the past decade alone, 2 million children were slaughtered, 6 million were seriously injured or permanently disabled and 12 million were left homeless. It is estimated that between 80 per cent and 90 per cent of people who die or are injured in conflicts are civilians, mostly children and their mothers.[16] In the last decade of the 20th century, over a million children were orphaned or separated from their families because of armed conflict.[17]

In some of the more recent hostilities, children in Sierra Leone, Sudan and northern Uganda witnessed the torture and murder of family members, and those in Chechnya withstood repeated bombings and explosions. During the 1994 genocide in Rwanda, a quarter of a million children were massacred. In 1999, Kosovar children, forced from their homes because of 'ethnic cleansing', were left homeless, separated from their families and uprooted from everything familiar.

While parents in stable and affluent societies might debate whether to play Mozart or Brahms to best stimulate the brain development of their young infants, those in conflict zones hold their infants close, shaking from the sounds of bombs or rifle fire. While controlled studies can prove the positive effects of gentle cooing and 'motherese' on early childhood, one can only surmise what happens to a young child during the uncontrolled reality of war.

Children who endure the inhumanity of war may suffer the scars of post-traumatic stress disorder, a psychological wound that interrupts the development process. For children under three years of age, severe trauma not only emotionally scars them, but it can also permanently change their brain chemistry.[18] So, war's youngest victims are in special need of physical and psychological care. Healing young children's physical wounds allows them to survive war. Healing their spirits may prevent the next war.

Zones of peace and child-friendly spaces. Children in war zones are expected to bear the unbearable and to understand the inexplicable. During these times of extreme crisis, one wonders how infants, toddlers, children and their families can be offered anything more than basic tools of survival: food, water and limited shelter. The global community may see cognitive development and psychological care as luxuries when physical needs are clearly the priority. But even in crisis, children cry out not only for food and water but also for comfort and love. Without interventions, the traumatized child may become frozen in time. The infant withdraws and becomes listless. The toddler, overwhelmed with fear, regresses to bed-wetting and thumb sucking. The pre-schooler, submerged in grief, acts out aggressively or retreats into silence.

To save both the lives and minds of children, UNICEF and its partners attempt to create 'zones of peace' and 'child-friendly spaces' in many crisis situations. In Sri Lanka, Sudan and other countries, UNICEF and other organizations negotiated with combatants to permit a cessation of hostilities so that children could be reached with food, medicine and vaccinations. In spite of armed conflict, combatants allowed children's immunizations to go on as planned. Sadly, these 'corridors of peace' are not always implemented. This past year, Sierra Leone cancelled two of its four planned National Immunization Days due to renewed hostilities.

Providing food and shelter to children creates some sense of normalcy in an abnormal situation. Providing schooling, play and counselling does so more completely. During the massive flow of refugees to Albania during the ethnic conflict in Kosovo, relief agencies first provided drugs, vaccines, clean water and food to prevent infant, child and maternal mortality. After these initial survival strategies were in place, the Child-Friendly Spaces Initiative (CFS) provided infant care, pre- and primary school education, recreational activities, psychosocial support for infants and toddlers and counselling for children and their families.

It is difficult to juxtapose the images of children colouring, stacking blocks and dancing with the images of children screaming in fear, huddling next to a wounded parent or lying on sheets saturated with their own blood. But in caring for children scarred by war, caregivers must attend to these young victims' emotional damage as well as to their physical wounds.

Stealing from infants and children. War is costly. It impoverishes a nation, stealing not only from its treasury but also from its people's spirit and from its most vulnerable citizens – children. In addition to the physical and emotional scars that organized violence causes, it drains precious resources. Money that could be spent on building young lives is instead wasted on destruction. During a recent border war, for example, Eritrea and Ethiopia spent hundreds of millions of dollars on weapons, while 1 million Eritreans and 8 million Ethiopians faced famine.

UNICEF/00-0560/Lemoyne

A young girl peeks out from a line of women waiting to register for food and supplies at a camp for some 50,000 internally displaced persons run by the Eritrean Relief and Rescue Commission on the outskirts of Dubarwa.

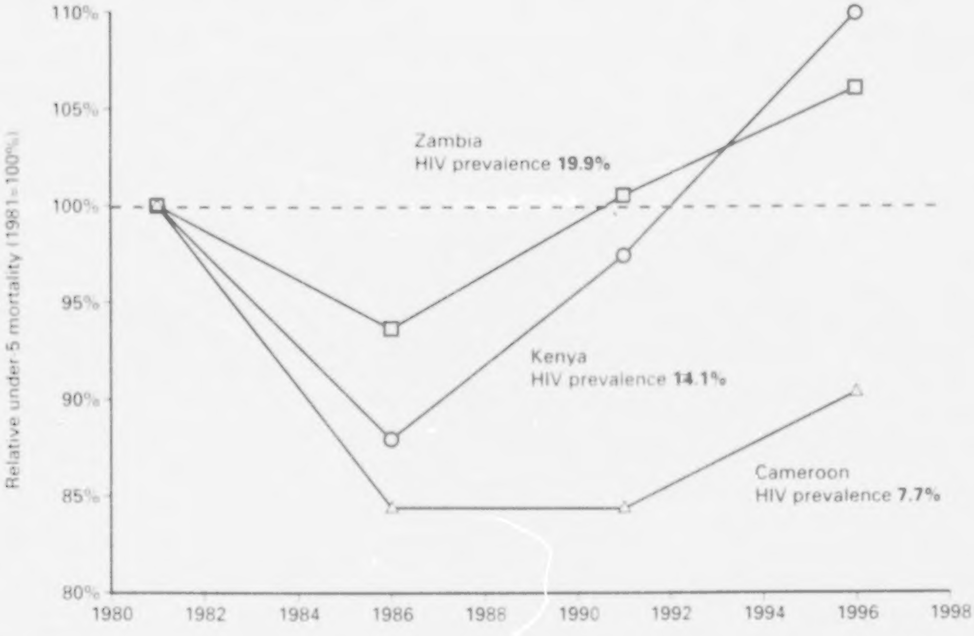
Costing more than 60,000 lives to date, the internal conflict in Sri Lanka has depressed the economy. Sri Lanka's central bank reports that the armed conflict between the Liberation Tigers of Tamil Eelam (LTTE) and the Sinhalese-majority Government has been the difference between a projected mid-level economy and the lower economy the country actually has.[39] The Government of Sri Lanka has raised its defence budget to $880 million from $700 million.[40] Every dollar spent on a warplane is one unavailable to be spent on children. In the village of Ambanganga, there are no bombs or landmines. Yet children like Priyanthi's daughter and son are nonetheless deeply affected by the conflict as money is spent on warplanes, robbing them of clean water, adequate sanitation, vaccines, books and passable roads.

> ***As the lives of young children are short-changed, so the fortunes of countries are lost.***

In the combat area of Sri Lanka's Jaffna Peninsula, the cost of the war is far higher. Here children and their families are living under fire and older children have been taken as child soldiers. Like other war-torn areas, thousands of infants and children have been disabled, left homeless, orphaned or killed.

The seeds of ethnic and religious intolerance are sown early. But if a fraction of the money that is pumped into military destruction were spent on providing every child with a healthy start, seeds of animosity could

Figure 7 HIV and mortality among children under five years old in selected African countries



Note: HIV-prevalence rate is among adults at end of 1999.

Source: Adapted from UNAIDS, *Report on the global HIV/AIDS epidemic* – June 2000, fig. 6.

be replaced by empathy and tolerance. Early in life, children would learn about tolerance and non-violent conflict resolution. An investment in children can pay a huge peace dividend.

The effects of HIV/AIDS on early childhood

Today, 34.3 million people in the world live with HIV/AIDS, including 1.3 million children under 15 years of age.[41] The overwhelming majority of these children were born to mothers with HIV, acquiring the virus in the womb, around the time of being born, or during breastfeeding. With their right to survive, grow and develop threatened from their very beginnings, most of these children will live shortened lives, dying before they are in their teens.[42]

The firestorm rages most ferociously in sub-Saharan Africa, the home of 10 per cent of the world's population, 70 per cent of the world's HIV-infected people, 80 per cent of AIDS deaths and 90 per cent of AIDS orphans.[43]

In some African countries, more than 10 per cent of children under 15 are now orphans.[44] Earlier estimates that more than 13 million children worldwide would lose their mothers or both parents to AIDS by the year 2001 were passed by the end of 1999.[45] Ninety per cent of these orphans live in sub-Saharan Africa.[46]

And with 5.4 million new HIV infections in the world in 1999 alone, the worst is yet to come.[47]

In Shiri-njoro (Tanzania) not far from Mount Kilimanjaro, Felicia Mbonika, a village elder and counsellor, knows intimately the waste laid by AIDS in her country. A plump woman, dressed in a multicoloured wrap, she has a soft, serene face that belies her despair. Sitting in her small house, located on the main road that runs from Arusha to Kilimanjaro, she talks about her

Photo: A photograph of a girl toddler lies in the debris of a destroyed building in the western town of Gulcuk – the epicentre of the 1999 earthquake in Turkey.

Effective parenting in Turkey

Only 12 per cent of children under six in Turkey benefit from ECD services since fees are prohibitive for the average Turkish family. But since 1994, the Government of Turkey and UNICEF have worked together to build a family- and community-based system of ECD as an alternative to the more expensive, centre-based pre-schools.

The Mothers' Training Programme, operating in 24 provinces, is one part of this approach. In addition to working directly with mothers, other family members – fathers, older siblings and grandparents – also participate in the games and play activities for younger children. With all family members contributing to a more stimulating and interactive learning environment in the home, children score better in language and developmental tests. Plus the overall family environment is enhanced. In the words of one programme participant, "Now I am not hitting my child any more. My husband is not hitting me either."

To reach as many families as possible, UNICEF joined with the media to produce a series of child development videos, *The Better Parenting Initiative*, covering the first eight years of a child's life. Most parents caring for children at home are not aware of the developmental needs of early childhood. Both animated and live-action scenarios illustrate a child's age-specific progression in language skills and in social, emotional, physical and motor development. Practical suggestions showing how parents can enhance development are acted out in exchanges between children and caregivers.

The videos reach a broad audience through national television broadcasts, and print materials linked to the videos are used to train the wide range of providers who work directly with families and young children. These video films have also become important components of the Mothers' Training Programme, which reaches over 80,000 mothers in the country.

PANEL 6 The vortex where values are worthless by Ernesto Sábato

***Commission** of Personalities for Children and Adolescents in Latin America and the Caribbean, September 2000*

UNICEF/Argentina/Rey

The appalling neglect to which children are exposed is glaring evidence that we live in an age of immorality. This aberration pulls us into the vortex where the words of Nietzsche seem to ring true: "Values have ceased to be worth anything."

For all humankind, it is shameful and criminal that there are more than two hundred and fifty million exploited children in the world. We see them rummaging in garbage for a scrap of food or groping in the darkness for a place to sleep. How shameful! How have we allowed this to happen? Some of these children are forced into prostitution. Others, many of them as young as five or six, are forced to spend long, exhausting days labouring in filthy workshops. The lucky ones make a few cents. Many others work under conditions of slavery or semi-slavery, with no legal or medical protection. They suffer from infectious diseases, injuries, or amputations, and endure abuses of every kind. They are found as much in the great cities of the world as in the poorest countries. In Latin America, there are fifteen million exploited children. In our own cities, children are murdered for one hundred or two hundred dollars, or kidnapped and killed so that their organs can be sold to the world's laboratories. The pain and the cruelty to which we have condemned these children are beyond measure! And this open wound on the streets of the world is evidence enough that part of our humanity has been eclipsed.

These children have been so mistreated that in their eyes we discern, not the natural innocence of childhood, but the fear and the deep, eternal mistrust of those forced to spend their earliest years without parents. These millions of children are denied not only the protection of their own families, but also the protection of us all, the men and women of the world who look upon their helplessness with indifference. The horrors of their early years will mark them for the rest of their lives.

These boys and girls know nothing of the magnificent feeling that is experienced by those of us able to contemplate a future filled with possibilities. The abandoned children of our modern societies have been so cruelly abused that they believe in nothing. And not one of us can guarantee them a life of dignity.

We cannot simply stand by and accept the wickedness of a system whose only miraculous achievement has been somehow to concentrate more than four-fifths of the world's wealth in the hands of a fifth of the world's population, while millions of children around the world die of hunger in the most wretched misery.

That is why we say to the world's leaders – beg of them, demand of them! – that they fulfil the promises that each and every one of them has made. The care of our children cannot be regarded as just another task. It must be understood as the essential and only way for a faltering humankind to recover its way. No endeavour is worthier of encouragement than this one. Anything that we can do for the world's children is imperative, urgent. Governments must understand that our destiny depends on our taking care of the world's children during their early years; this task is crucial to the consolidation of democracy and the future of humanity.

To exercise power without humanity is to engender violence of a kind that cannot be fought against with weapons. If we are to prevail over such violence, we must create a greater sense of solidarity. It is imperative that the world's leaders assume full responsibility for the grave task of caring for the well-being of children – protecting them and preparing them to build, alongside their brothers and sisters, a world worthy of human nobility.

The look in the eyes of these children represents the only mandate to which we must respond. The desolation of that look is a crime that calls our humanity into question.

Let us heed the words of Dostoyevsky: "We are all guilty before everybody, for everybody, and for everything." Let us step forward to defend the rights of the world's children, who have been denied the care they so desperately need during their earliest years.

We cannot avoid this responsibility.

These children belong to us, as if they were our own. They must become the primary motivation for our struggles, and the most genuine of our endeavours.

Ernesto Sábato, an Argentine nuclear physicist and humanist, has earned international acclaim as a novelist.

UNICEF/Argentina/Roy

Photos: Left page: Carla waits for a check-up in a health centre in Resistencia, Argentina. Above: On the streets of Buenos Aires.

constant condolence calls to neighbours. It is not only her arthritic hip that makes these walks so difficult, but also her heavy heart. In the area where she lives, with just about 300 households, she says that she knows 15 people who have died from AIDS this year.

"Almost every week, we bury someone," says Ms. Mbonika. "I fear for the future of my country. Those dying are young people. These are the people who are supposed to be productive and continue the next generation."

She is right. AIDS is cutting down people in the prime of their lives and ravishing Africa. Schools are losing teachers, clinics are losing health workers, companies are losing workers and children are losing parents.

Felicia Mbonika's accounts of AIDS in her Tanzanian village bring statistics into focus. Within the last few years, this mother of grown children watched as, one by one, the members of two families in the village completely vanished. A mother died. A toddler died. Another child died. Then the father died. A variation of the pattern repeated itself in the second family, death by death.

A mother died. A toddler died. Another child died. Then the father died.

Just down the road from her home is a house where both parents died from AIDS, says Ms. Mbonika. The household now consists of four children. The youngest is four years old, and three other children are in primary school. Their oldest brother, 19 and overwhelmed by the responsibility of caring for his young siblings, married specifically so that his new wife could help.

Such stories are not unique to Tanzania. In families, villages, cities and countries all over Africa, there are countless similar stories of the devastating human toll this disease takes.

The epidemic and the economy are negatively intertwined as poverty fuels the AIDS crisis and the disease strips the coffers bare. By 2005, the costs of treatment and care related to HIV/AIDS are expected to account for one third of all government health spending in Ethiopia, more than half in Kenya and nearly two thirds in Zimbabwe.[48]

Figure 8 **Hazards to child health in the environment**

Household and community levels

Biological pathogens and their vectors/reservoirs
including micro-organisms in human excreta, disease vectors (e.g., mosquitoes, rats and airborne pathogens)

Chemical pollutants
(e.g., pesticides, fertilizers, industrial wastes)

Inadequate quantity of natural resources
(e.g., food, water and fuel)

Physical hazards
within the house (e.g., domestic injuries) and outside the house (e.g., road traffic, flooding, mudslides)

Household, community and higher levels

Aspects of the built environment
(e.g., leaded paint, poor services and security)

Community and higher levels

Natural resource degradation
(e.g., soil erosion, deforestation, deteriorating air, soil and water quality)

National and global levels

Environmental problems with more indirect but long-term impacts on health and well-being
(e.g., depletion of energy resources, destruction of ecosystems, global warming and ozone layer depletion)

Source: Adapted from D. Satterthwaite et al., *The Environment for Children: Understanding and acting on the environmental hazards that threaten children and their parents*, Earthscan Publications Ltd., in association with UNICEF, London, 1996.

In addition to stretching national budgets, AIDS has taken a toll on the kinship system, a network of extended family members that makes up the backbone of African societies. In Zimbabwe, where 26 per cent of all adults are infected with HIV,[49] a government-sponsored survey in three rural communities found that of 11,514 orphans, more than 11,000 were being cared for by relatives. Most of the caregivers were poor women, widowed and over 50.[50] The soaring numbers of children orphaned by AIDS drain the emotional and financial resources of families. In Côte d'Ivoire, for instance, when a family member has AIDS, the average household income falls by a range of 52 per cent to 67 per cent and the health costs quadruple. And as family income plummets and the cost of caring for the patient escalates, food consumption drops.[51]

Orphaned by HIV/AIDS. Whether their parents die from AIDS or are too sick with HIV to provide the essentials of care and nurturance, children orphaned by the epidemic are likely to be malnourished, unschooled and aged beyond their years, with their rights to grow and develop fully violated. A study in Zambia, for instance, reported that 32 per cent of orphans in cities and 68 per cent of orphans in rural areas were not enrolled in school.[52] Children orphaned by AIDS are at greater risk of becoming HIV infected.[53] Emotionally vulnerable, they are more likely to seek comfort in risky sexual behaviour. Financially desperate, they are more likely to be exploited, often turning to prostitution for survival.

Despite the enormous gravity of the HIV/AIDS crisis, families, villages, communities and nations have pressed on. Refusing to give in to despair, many communities have responded with courage and resourcefulness.

Some of the most valiant efforts on behalf of young children have been made in the wake of this tragedy. Recognizing the importance of the first months and years of a child's life, several African countries have

With two of her five grandchildren, all of whom have been orphaned by AIDS, a grandmother receives counselling in medicines at a centre run by Faraja Trust, a national NGO, in Morogoro, Tanzania.

UNICEF/00-0029/Pirozzi

shown the way in caring for their youngest children during the epidemic.

In Namibia, for instance, where the number of children orphaned by AIDS increased fivefold between 1994 and 1999, the Government and UNICEF offer equipment, supplies and materials to day-care centres that provide free services to orphans. A centre receives pit latrines, tarps, crayons and paper to be used by all the children, and the orphans are assured much-needed care. And families are more likely to adopt children orphaned by AIDS because they are guaranteed free day care.[54]

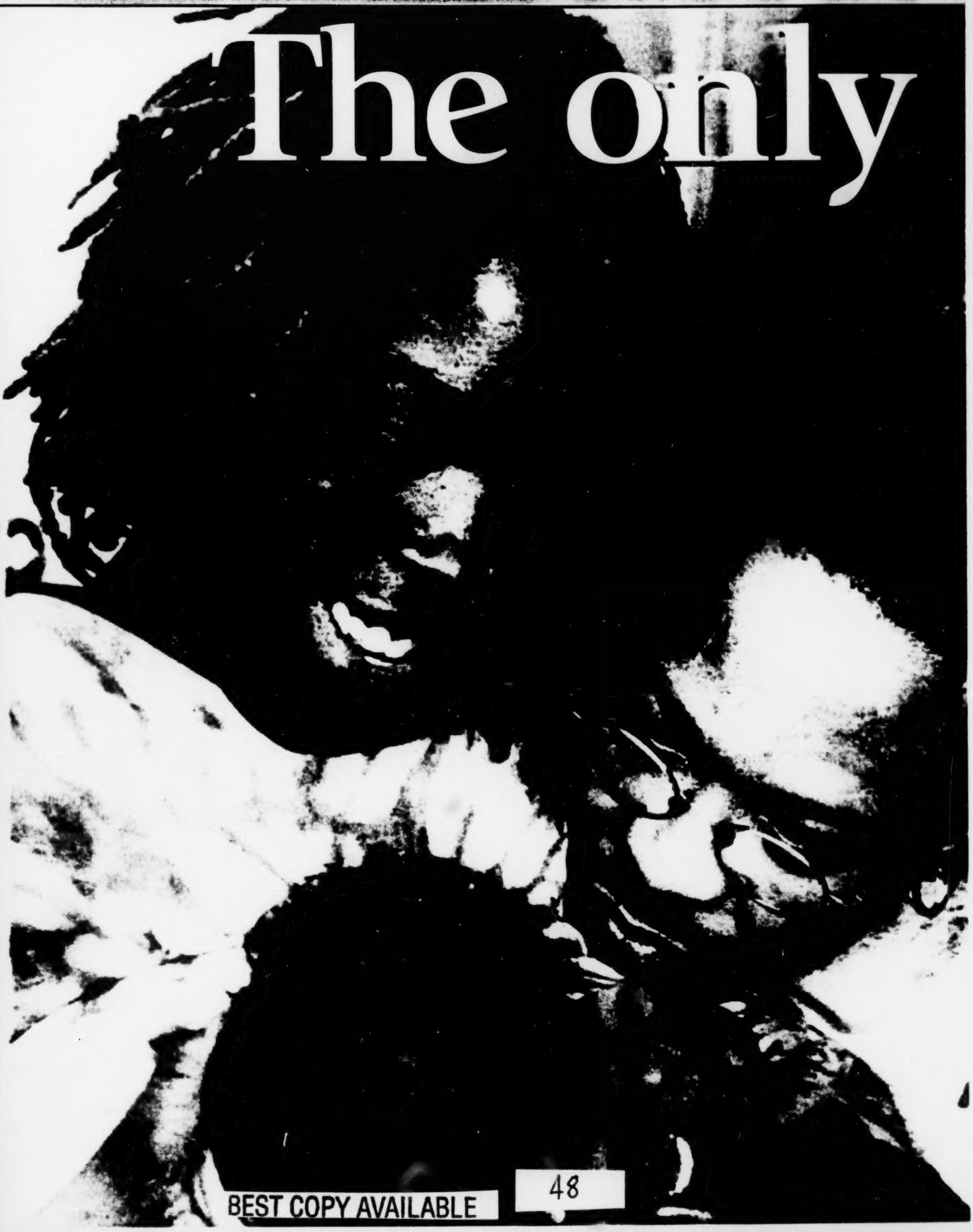
Breaking the cycles

To break these cycles of poverty, violence and disease, interventions must come early in life, the earlier the better. ECD is the key to a full and productive life for a child and to progress for a nation. In much the way that democracy is prelude to human development, healthy children – healthy in the total sense of the word – are basic to a country's development. The cumulative weight of the disparities perpetuated within a country destabilizes that country itself, even when it is seemingly strong. And inequities within any one country upset the balance among nations: Poor, malnourished and unhealthy children make for poor and powerless States that are then at the mercy of stronger States. As the lives of young children are short-changed, so the fortunes of countries are lost.

By investing in children in their early years of life, a country serves not only a child and a family but also the cause of sustainable development. Investing in children is among the most far-sighted decisions leaders can make.

Hunger, disease and ignorance have never been a foundation for sustained economic growth, democracy or the respect for human rights. Giving all children a good start in life helps weed out the blights choking human development. What is needed now is a renewed commitment to the rights of the child, a vision of how the world can be for children and the courage to do whatever it takes to unravel the ropes that bind generations to misery.

The only



responsible choice

Although the particulars of their lives might differ, millions of mothers and fathers around the world, in both industrialized and developing countries, share the same story: finding and making time, investing energies, stretching resources to provide for their sons and daughters. Their days are consumed in helping their children grow strong and healthy, protecting, teaching, guiding, encouraging their talents and channelling their curiosity, delighting in their enthusiasm and their accomplishments. They search for advice and counsel from informal support networks and community agencies as they struggle, often against great odds, to do right by their children.

© Marilyn Nolt/USA

Photo: New parents and their breastfeeding infant.

NORTH OF PARIS, each morning, five days a week, Yacine and Sana, twin two-year-olds, come to the community crèche in Goutte d'Or, a working class neighbourhood that has been home to generations of immigrants. Awaiting them are brightly coloured cubes they learn how to stack, and paint that they daub onto large sheets of paper. In large rooms and small corners, in daily rhythms that are carefully planned by a highly trained staff, Yacine and Sana play, eat and nap. The brother and sister have been coming to the crèche since they were three months old. Their elder sister Leila, now age five, came here before them.

"The crèche is the best thing for children," explains Fatima, their young mother, who emigrated from Morocco 15 years ago. "My two eldest never came here and I regret it," she says. "Here, I know they are safe and they are learning French from a very young age, whereas at home we speak mostly Arabic. It will be easier for them at school later on."

Yacine and Sana are growing up with 53 other young children, ranging in age from three months to three years old. One third of the children are from North Africa, another third are from sub-Saharan Africa – Senegal and Mali mostly – and in the remaining third, says the young woman in charge of the establishment, "there is a bit of everything."

In this neighbourhood, as in other parts of the country, France's crèche system offers a unique entrée into society. Here, children of different cultures and economic classes come together to learn social skills that will last a lifetime.

"Of course, it's a bit expensive – around 40 francs per child per day – but it's worth the sacrifice," says Fatima. She would pay less if her household income were lower, because the financial contribution required of parents is proportionate to their income, explains the crèche director. The family allowance kitty and the city government in fact cover most of the relatively high cost of running crèches, which in 1998 was 355 francs daily per child living in Paris.

One mother at the crèche, who is unemployed and lives on social security, only pays 8 francs a day for her child, Amine. The woman, who came to France from Algeria about 10 years ago and is raising her two sons alone, is happy that the younger one was able to get a place in the crèche. "It has made it possible for me to get training to do housekeeping work and now I can look for a job," she says. Planned for children whose parents work outside the home, or for children from one-parent families where the parent – in 90 per cent of cases the mother – has a paying job, crèches are now opening up to children whose mothers have no earned income.

The demand far outstrips the supply, in Paris especially. "Every year," says the director, "I receive about 140 requests for only about 20 available places." In the capital city, approximately 280 community crèches enrolled just under 20,000 children in 1999. The story is much the same throughout France: These popular community crèches, run by an accredited, well-trained staff, are inundated. In 1999, they were able to care for only 120,000 of the approximately 2 million children in the country who were under the age of three.

In addition to the problem of not enough places, some criticisms have been voiced about the community crèche system. In France, a country with one of the highest levels of paid employment among women, crèches can no longer keep pace with the

Photo UNICEF/Balbou/2000

increasing flexibility and demands of the job market. Usually open from 7:30 a.m. to 7 p.m. and closed on Saturdays and Sundays, they no longer respond adequately to the childcare needs of parents who work staggered hours. In June 1999, France's Prime Minister announced a modernization plan that included 60,000 new spaces by 2004 and longer hours.

Other forms of childcare do exist. There are day-care centres where children can be left for a few hours each day or each week, childminders accredited by a municipality to take care of children in their own homes and creches established by parents' organizations. But the community crèche continues to hold a strong appeal, particularly among low-income families.

Young immigrant mothers, for example, search out a creche as one of their first points of contact with France. Fathers also come, but less often, although some routinely drop off their children at the crèche or pick them up at the end of the day. During back-to-school week, some mothers stay at the crèche for about an hour a day to ease the children's transition from the family home to a still unfamiliar place. Other mothers come quickly when staff contact them if their child shows signs of having a problem.

The care the creche offers is comprehensive, fusing health, nutrition and social services. In addition to doctors' visits, there are regular sessions with teachers and psychologists. "Apart from its educational functions, the crèche plays a very important role in detecting and preventing children's problems, which is especially crucial for families in difficult situations," emphasizes the coordinator of the neighbourhood crèches. "Our work with the parents is every bit as important as the work we do with the children to help them become more integrated."

Programmes that work

With some notable exceptions, Sweden for example, the systematic evaluation of the effectiveness of ECD has only just begun. To date, there are no comparable national studies that connect ECD to improvements in either the psychosocial development of

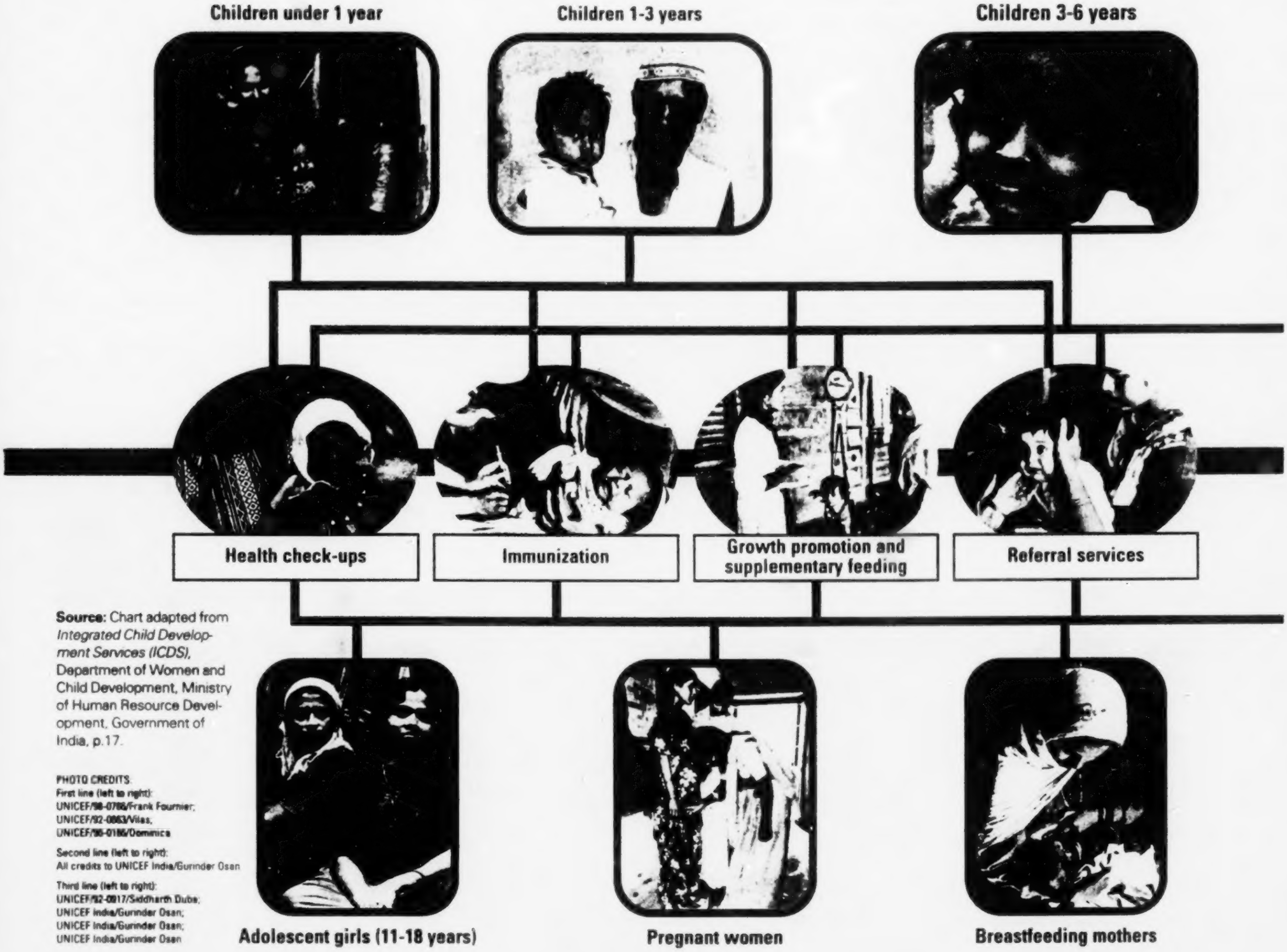
UNICEF/81446/West Bank and Gaza/Pirozzi

Children serious at play at a day-care centre in the West Bank.

the child'[55] or the child's overall well-being. Reasons for this vary: There is little consensus on the best indicators of change in a child's psychosocial development, nor is there systematic monitoring of programmes. Definitions of the age group under study differ (for example, 0-3 years, 0-6 years, 0-8 years), as do the definitions of ECD. There is also the fundamental question of how, if at all, to measure change in the 'whole child'.

The absence of hard data is especially the case for children under three years of age, and this absence handicaps the youngest age group when decisions are made based on numbers, such as in traditional scientific

PANEL 7 Respecting the rights of the Indian child


Children under 1 year
Children 1-3 years
Children 3-6 years
Health check-ups
Immunization
Growth promotion and supplementary feeding
Referral services
Adolescent girls (11-18 years)
Pregnant women
Breastfeeding mothers

Source: Chart adapted from *Integrated Child Development Services (ICDS)*, Department of Women and Child Development, Ministry of Human Resource Development, Government of India, p.17.

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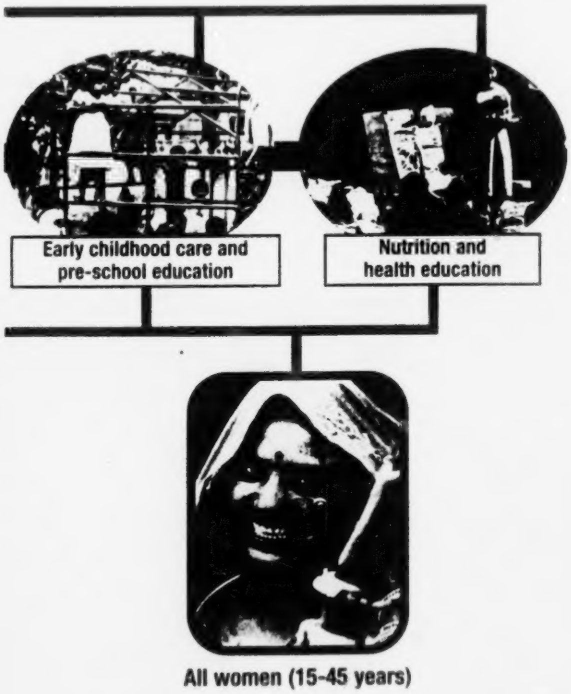
research, economic policy and budget allocations.

Despite such limitations, there is a considerable body of evidence, collected over 25 years of local and subnational programming by a number of organizations, to support every aspect of ECD and every argument in its favour. The cumulative effect of the many positive changes that flow from ECD, however constituted and at whatever scale, has been to raise consciousness about ECD programmes and increase the demand for more.

Childcare centres, play and learning centres, health centres, meeting places for women and mothers – India's Integrated Child Development Services (ICDS) is a holistic early childhood and development programme that addresses the interrelated needs of children, adolescent girls and women from disadvantaged communities. Begun in 1975 and now one of the world's largest networks of integrated family and community services, ICDS reaches out to 4.8 million expectant and nursing mothers and 22.9 million children under six years of age.

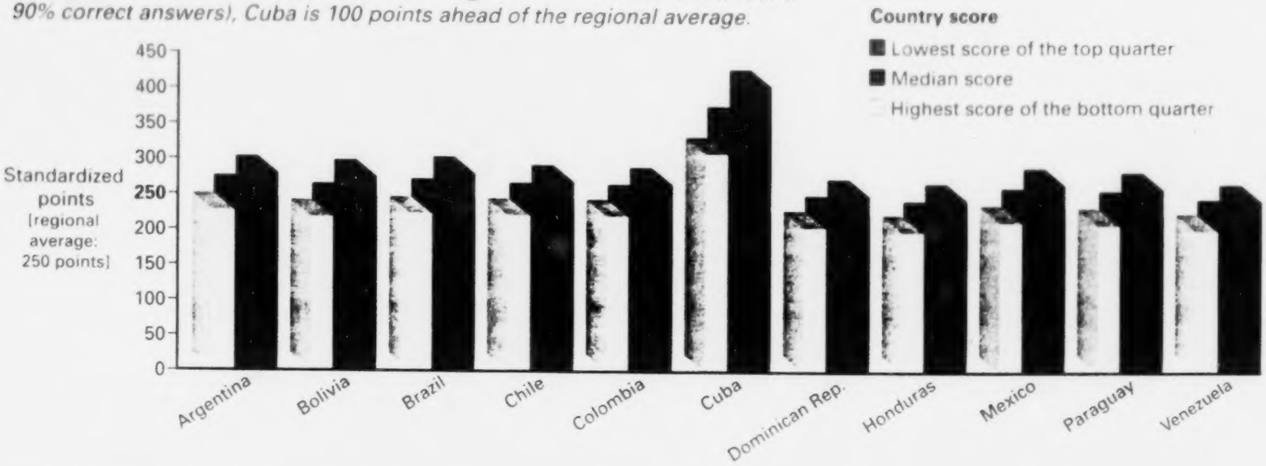

Early childhood care and pre-school education
Nutrition and health education
All women (15-45 years)

ECD has saved millions of lives and improved millions more. There is little dispute that early health and nutrition interventions in a child's life, or in the life of a mother, make a significant difference in the child's long-term survival, growth and development. In addition, the success of immunization and literacy campaigns in saving young lives and improving the health status and social well-being of generations has been extensively documented, as has the relationship between improved nutritional status of pregnant women and the improved health status of the child. The life-saving effects of clean water and improved sanitation practices, demonstrated in village after village and country after country, are close to being a universal truism.

Grand-scale programmes. In both industrialized and developing countries, national pre-school programmes have been so clearly good for so many children for so many years that some are being extended to include younger children and others are being looked to as models by other countries. A study in Ontario (Canada), for example, called for a provincial 'first tier' programme for early childhood development that would be as important to preparing the children of Ontario for success as are school systems at the elementary, secondary and post-secondary level. The community-based programme is proposed as an antidote to what the authors describe as "the real brain drain," i.e., investing more in children after they are six years old than before, despite the fact that the major brain development happens before a child is three.[56] Ontario is far from alone in seeking to prudently align investments with opportunity, as country after country around the world expands its early childhood programmes.[57]

Figure 9 Third-graders' scores on mathematics tests

With a median score of 350 points in a third-grade mathematics test (around 90% correct answers), Cuba is 100 points ahead of the regional average.



Source: Juan Casassus et al. *Primer estudio internacional comparativo sobre lenguaje, matemática y factores asociados en tercero y cuarto grado* (First international comparative study on language, mathematics and associated factors in third and fourth grade), Latin American Laboratory for the Evaluation of Education Quality, UNESCO Santiago, 1998

UNICEF/96-0468/Barbour

Family hug, Havana, Cuba.

And then there are models that might well be called the 'grandparents' of them all. In Sweden, considered to have one of the most advanced childcare systems in the world, local governments subsidize childcare for nearly half the children in the country from when they are born until they enter school. Day-care centres and family childcare homes are well funded and regulated, well staffed with highly trained workers and designed with the child's developmental needs in mind. Studies, regularly and systemically conducted, consistently find that the girls and boys who spend their earliest years in Sweden's day-care system grow to be creative, socially confident and independent adolescents.[58]

Since 1959, Cuba has incrementally built a national system of day-care centres and early childhood and pre-school education programmes that today reaches 98.3 per cent of the children in the 0-6 age group. In 1992, Cuba, with support from UNICEF, created Educa a Tu Hijo (Educate Your Child) as a national programme of community-based services for young children and their families. Depending on over 14,000 promoters and more than 60,000 volunteers, the programme reaches 600,000+ children in this age group, including 440,000+ young girls, and their families.

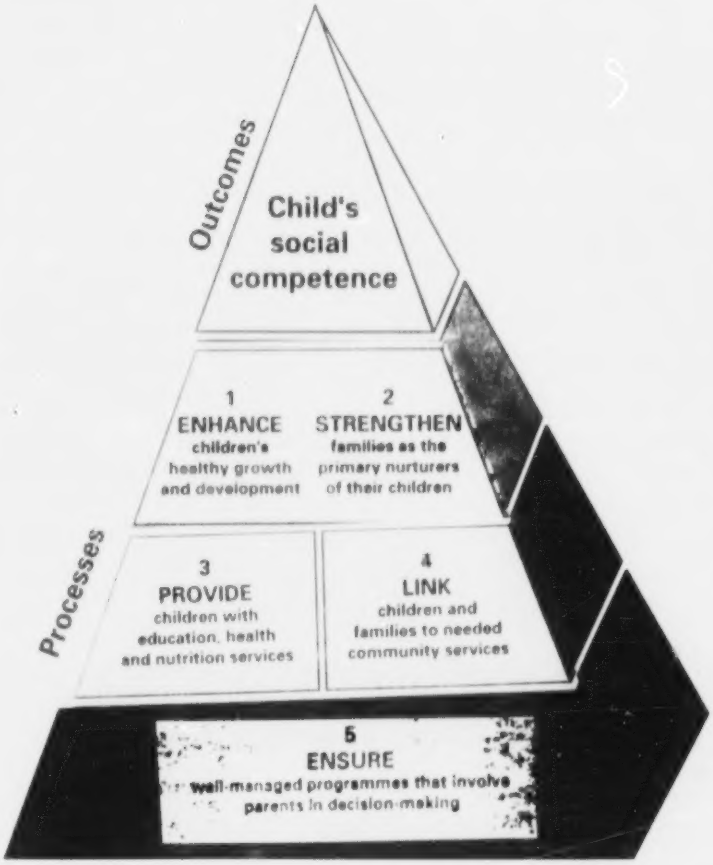
Future mothers and fathers receive information and counselling about healthy pregnancies and child development during health visits to doctors and nurses. Families with children under two years of age are visited once or twice a week and guided through activities that enhance their babies' development. Children between age two and four and their families go on weekly or semi-weekly group outings to parks, cultural facilities and sports centres with counsellors trained in child development and family participation. And five- to six-year-old boys and girls from mountainous, rural and remote areas travel to primary schools with their families for classes and family discussions once or twice a week.

Cuba has developed its approach to early childhood care through both traditional and participatory research, the latter method further engaging families and communities in the responsibilities of early childhood. The Cuban system has had measurable success in increasing the developmental and educational achievements of Cuba's children. A 1998 comparative study of third- and fourth-graders in 11 Latin American countries, for example, found that Cuban children scored significantly higher in third-grade mathematics and third- and fourth-grade Spanish than their counterparts (*see Figure 9*).

Another long-standing success story is in the United States, where the national Head Start programme began in 1965. This massive venture involves approximately 1.3 million individual volunteers and 1,400 community-based non-profit organizations and school systems in providing comprehensive developmental services to approximately 800,000 children ages three to five and social services for their families. Over the last 35 years, Head Start has prepared nearly 18 million young children for later success in school with graduates of Head Start performing at above expected levels in early literacy, numeracy and social skills (*see Figure 10*).

In 1994, Early Head Start expanded on the original programme to include families with children under three years and pregnant women. It includes comprehensive health services including services to women before, during and after pregnancy, nutrition, early education in and out of the home and

Figure 10 **Head Start programme conceptual framework**


Outcomes
Child's social competence
Processes
1
ENHANCE
children's healthy growth and development
2
STRENGTHEN
families as the primary nurturers of their children
3
PROVIDE
children with education, health and nutrition services
4
LINK
children and families to needed community services
5
ENSURE
well-managed programmes that involve parents in decision-making

Source: Administration for Children and Families, United States Department of Health and Human Services, 1997.

parent education. In fiscal year 1999, funding for both Head Starts was $4.66 billion.

Costs and funding

The cost of an ECD programme depends on the nature and extent of the services it offers. In general, centre-based programmes cost five times more than home-based ones, and the more comprehensive the programme, the more it costs. Food supplies in the form of meals and snacks can account for up to 40 per cent of a programme's costs.

India's Integrated Child Development Services (ICDS) was estimated in 1994 to cost 27 cents a day for each child. During the same year, the Hogares Comunitarios de Bienestar programme in Colombia, operating in 55,000 sites and offering full day care including food, was estimated to cost 38 cents a day. Other programmes may cost much less, because they involve fewer components or because the voluntary participation of the community is greater.

There are various ways to finance ECD. In Sweden, for example, the programme is totally publicly funded. In some countries, such as Colombia, the national Government assumes most of the financial responsibility for implementing ECD, although parents pay half of the caregivers' stipends in addition to their social security contributions. In India, where parents' contributions are minimal, the national Government finances most ICDS activities, except for food, which is paid for and administered by state governments.

On the other hand, in Kenya's Early Child Education programme, the national Government finances only the training of caregivers, while local governments provide and maintain care centres and parents pay the caregivers' stipends. In 1993, parents in Bolivia's Integrated Child Development Project paid a flat monthly fee of $2.50 for their first child, with decreasing amounts for each additional child enrolled. In Thailand, loans paid back to village loan funds, which are financed by an NGO, are funnelled into a capital fund to support early childhood development programmes in the community.

Although new monies are needed to guarantee every child the best possible start in life, adequate care for babies and toddlers does not necessarily call for massive expenditures or the creation of new programmes. Resources to improve the cognitive development of young children through stimulation, play and affection can be found within the community. Sithuwama, Sri Lanka's home-

ECD

No single formula

There is no single formula for success in implementing early childhood care programmes. Experience has shown a variety of ways that are especially effective when used together:

1. **Educate and empower parents and caregivers.**
2. **Deliver services directly to children** using home visits, home day care, integrated child development centres and formal and informal learning activities.
3. **Promote community partnerships** to improve the physical environment and the knowledge and practices of the community, allowing common action and expanding the base for political and social negotiations.
4. **Strengthen national resources and capabilities.**
5. **Increase demand and awareness** of policy makers, planners and the general public.
6. **Develop national child and family policies** that allow parents increased time to meet their child-rearing and childcare responsibilities and that encourage increased possibilities for childcare by grandparents and other adult family members.
7. **Develop legal and regulatory frameworks** that increase awareness of rights and the availability of legal resources among both women and children and that promote more effective use of legislation and improved compliance.

A young Mexican in pre-school.

visiting programme, illustrates cost-effective early childhood care. Volunteers trained in early childhood development are the backbone of the programme. Each volunteer, a respected woman from the community, works with five families. She spends time in the homes, teaching parents how to help their children grow physically and develop mentally.

A multisectoral approach, in which health, education, nutrition and development components come together, can add to a programme's cost-effectiveness. But more important than saving money, this convergence of services focuses on the whole child rather than a compartmentalized child and, in so doing, reinforces and complements how a child develops.

ECD is the necessary first step to making life better for children but, in itself, it is not enough.

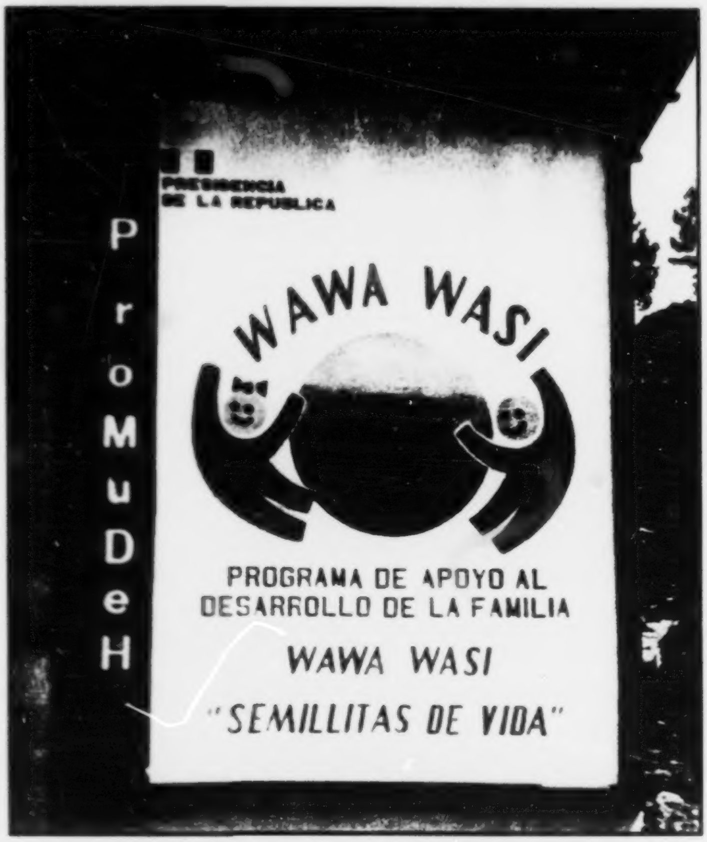
ECD's positive influences resonate throughout a society. Creating early childhood services not only provides infants and toddlers with good care, it also frees girls from looking after their younger siblings and opens up opportunities for them to attend school. It also frees mothers for entry into the labour market. It creates new job opportunities for people providing household day care or involved in home-visiting programmes. The child benefits from receiving basic services as well as from playing, singing and dancing. The family benefits from added income. The community benefits from additional jobs and workers for the labour market.

A costly mistake

Priyanthi, whose children have benefited from the ECD programme in Sri Lanka, doesn't need cold facts and complex examples of the advantages of giving all children a good start in life. But some people are sceptical about a push for early childhood care programmes. There are misperceptions about what early childhood care is and who should provide it. Some argue that raising children is instinctual and can't be taught. Others say that it's the job of families, not governments, to provide the basic needs of food, shelter, love and security. Others perceive a call for early childhood care as a replication of earlier programmes that provided day-care services for working mothers in industrialized nations. Still others believe that programmes for mothers, babies, toddlers and young children are just too costly.

But choosing not to provide the earliest care for all children is the costliest mistake of all. For every $1 invested in the physical and cognitive development of babies and toddlers, there is a $7 return, mainly from cost savings in the future.[59] Given a healthy start and a solid foundation in the first months and years of their lives, children are less likely to suffer from illnesses, repeat grades, drop out or need remedial services. Recognizing early childhood care to be a sound investment, financial institutions, such as the World Bank, the Inter-American Development Bank and the Asian Development Bank, are providing the resources for early and comprehensive programmes for the world's youngest citizens.

This investment return figure is derived from longitudinal studies of children from low-income families in the United States who participated in pre-school programmes. Children from ages 3 and 4 through 27 were followed and compared with a control group. Researchers found that young children who participated in the pre-school programme, which included weekly home visits by teachers, surpassed children from similar situations who were not involved in this programme. Comparisons with other pre-school experiences showed that the most disadvantaged children gained the most from early child-



Wawa Wasi for working parents in Peru

In Peru, where more than half the people live in poverty, work a 10-hour day away from their homes and children and, even then, do not earn an income sufficient to cover their basic necessities, Wawa Wasi, 'Children's Homes', is filling a pressing need.

A low-cost, low-income day-care programme set up to serve 150,000 children nationwide, Wawa Wasi began in 1993 as a collaboration between UNICEF and Peru's Ministry of Education. The programme has since expanded to create day-care centres in as many as 20,000 homes with the support of a $150 million loan from the Inter-American Development Bank and cooperation with the European Union and local grass-roots organizations.

For a small fee, working mothers leave their children who are under three years old in a day-care home where there is a 'mother-in-charge', trained in health care, early childhood stimulation and basic nutrition. Meals in the Wawa Wasi, most of which are located in shanty towns of urban areas, are organized through communal kitchens or 'Glass of Milk' committees that take the burden of cooking off the main caregivers.

Wawa Wasi is exemplary on many levels: It has created quality basic services that meet the local community's needs, it fosters social inclusion and it boosts the physical, social and cognitive skills of children. It will create jobs for 19,000 caregivers.

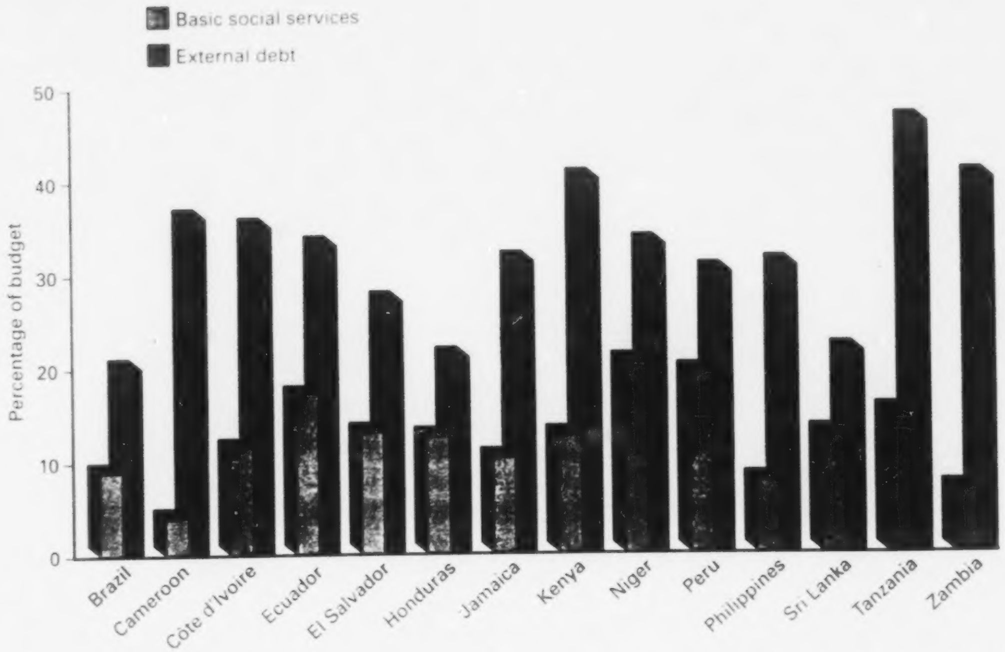
hood interventions. Following pre-school participants over the long term showed the lasting benefits of a strong beginning. By age 27, the former pre-schoolers earned more money, had a higher percentage of home ownership, had completed more schooling and had fewer arrests.[illegible]

A study of poor Brazilian children also demonstrated the cost return of early childhood care. Poor girls who had attended pre-school were twice as likely to reach grade 5 and three times as likely to reach grade 8 as girls who did not. Poor boys who attended pre-school were three times more likely to reach grade 5 than boys who had not. And 40 per cent of poor boys who attended pre-school finished primary school, compared to 2 per cent of boys who had not been involved in early educational programmes. Based on studies of the effectiveness of Brazil's early childhood care, it is estimated that boys who attend pre-school for two years will increase their earning power as adults.[illegible]

ECD's benefits are not always easily seen unless one knows where to look and what to look for. Fast, visible results often drive budgetary decisions while, in contrast, the outcome of a healthy, productive, caring child remains hidden for some years in the privacy of a family.

Nor is ECD the 'quick fix' that garners political favour. The wide-reaching pay-off of providing adequate nutrition, clean water, good sanitation, primary health care and opportunities for sensory experiences is sometimes not seen for a generation. But, eventually and without fail, ECD's benefits become obvious.

Figure 11 Debt overshadows basic social services



Source: UNICEF and UNDP 1998. Adapted from Jan Vandemoortele, *Absorbing social shocks, protecting children and reducing poverty: The role of basic social services*, UNICEF Staff Working Paper, UNICEF New York, January 2000, p. 26.

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So why not?

Programmes that work, outstanding returns on investment, ways to meet legal and moral commitments all beg the question: If early childhood care is such a far-sighted and wise choice for countries, why the failure to invest adequate resources to guarantee every child the best possible start in life?

Standing in the way of ECD are the unanswered calls for economic and social policy reforms in both industrialized and developing countries that would allow the financial resources for developing countries to increase their investment in children in general and early childhood in particular.

ECD

The first step

"Being registered at birth is the first step on life's path."

— Unity Dow,
The Progress of Nations 1998

Commitment to the 20/20 Initiative. Early childhood care for survival, growth and development is just an empty phrase unless governments in developing countries allocate sufficient resources from their national budgets to basic social services, and donors do the same. The 20/20 Initiative sets the indicative share for both funding sources at 20 per cent. Few countries invest the amounts needed in basic social services, and few donors direct more than 10 per cent of their aid budget to these services. In more than 30 countries the average investment is between 12 per cent and 14 per cent of the national budgets – far short of adequate. The Initiative not only recommends increased spending on basic social services but it also specifically argues for spending that is efficient and promotes equality. In many instances, the richest fifth of the population receives, on average, twice as much support in health and education as the poorest fifth.[62] As a result, a family's poverty is passed from generation to generation, and the same is so for a country's stalled development.

An additional investment of $80 billion per year – less than a fifth of 1 per cent of global income and an amount available

A boy sick with a malarial fever waits in his mother's lap to be treated at a health post run by the international NGO Medecins Sans Frontieres in Chokwe, Mozambique.

UNICEF/00-0204/Pirozzi

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through the 20/20 Initiative – would ensure every baby a good start in life. It would secure for every child the basic social services that are critical: clean water and sanitation, primary health care and basic education. It would give every child the opportunity to reach his or her full potential. The international community cannot wait until poverty is eliminated to invest in children. Investment in basic social services and early childhood care is a government's best strategy for eliminating impoverishment in its next generation.

Debt relief. Many countries spend more money on debt servicing than on basic social services.[91] In Tanzania, nearly 50 per cent of the budget goes to external debt and approximately 10 per cent to social services. With so little of Tanzania's budget available for education, it is unlikely that Febronia and Damas' children will finish primary school. Heavy national debt is stealing basic care from children. The Heavily Indebted Poor Countries (HIPC) Initiative, launched in 1996 by IMF and the World Bank, brought together creditors to reduce the debt burden of these countries. By 2000, the Initiative had provided debt relief for four countries: Bolivia, Guyana, Mozambique and Uganda. Changing debt liability to investment in children is key to ending poverty. Uganda, the first country to receive HIPC support, has led the way by using its debt dividend to expand primary education, enrolment and care for AIDS orphans.

Needed now more than ever. All sectors of the international community have made the case for budget restructuring and debt relief and argued for it repeatedly. There is little new in the arguments – but for the ever more urgent needs of children and women as generations and continents are lost to disease and violence. In the face of the realities of life for millions of children, the failure to respond as is needed seems an increasingly callous stance for governments to take.

UNICEF/Manila/008-02

Converging services in the Philippines

In Capagao, a poor village in Capiz Province that is one of 42,000 villages in the Philippines, *barangay* (village) health workers make certain that children get to the nearby health station for their immunizations and health check-ups by taking them there themselves. At the station, a house-by-house map tracks every child's growth, access to iodized salt and other micronutrients and the availability of clean water and a toilet. Those children suffering from malnutrition and diarrhoea receive oral rehydration salts from a midwife or *barangay* health worker.

Down the village's one dirt road, a small thatched hut serves as a health and nutrition post. Here, two health workers weigh 40 children under the age of five every month, and give vitamin A supplements to lactating women and supplemental feedings to malnourished infants and young children. They also counsel parents on child health, nutrition and development issues.

This cluster of services is part of the Fourth and Fifth Country Programme for Children, a pioneering and innovative cooperation between the Philippine Government and UNICEF. Since 1996, the programme has provided comprehensive health, nutrition and early education services to the 14 regions of the Philippines with the highest population of marginalized and disadvantaged children under five years of age.

An intergovernmental initiative of the Departments of Health, Education and Social Welfare, the programme capitalizes on pre-existing primary health interventions including the expanded programme on immunization, the WHO/UNICEF Integrated Management of Childhood Illness Initiative, micronutrient supplementation and Safe Motherhood. The ECD component is locally run and includes day care, primary education, parent 'effectiveness' education and a strong training component for those providing day care and childcare and for rural health midwives and *barangay* health workers.

With support from the national Government, UNICEF, the Australian Agency for International Development, the World Bank and the Asian Development Bank, provincial and local governments throughout the Philippines are establishing health and nutrition posts as part of the country's commitment to ECD. In Capiz Province alone, 200 are already in place.

Fundamental changes

ECD is the necessary first step to making life better for children but, in itself, it is not enough. Fundamental changes are in order, and certain traditions that reinforce the unacceptable status quo must be challenged and put to rest, if the rights and best interests of the child are to be advanced.

The 'non-personhood' of the youngest. Two billion of the world's 6 billion people live in constant risk of having their needs overlooked, their opinions discounted, their

PANEL 8 Child Survival and the Agency of Women by Amartya Sen

UNICEF/96-0256/Toutounji

There is considerable evidence that women's education and literacy tend to reduce the mortality rates of children. The influence works through many channels, but perhaps most immediately, it works through the importance that mothers typically attach to the welfare of the children, and the opportunity the mothers have, when their agency is respected and empowered, to influence family decisions in that direction. Similarly, women's empowerment appears to have a strong influence in reducing the much observed gender bias in survival (particularly against young girls).

Women's political, social and economic roles

Indeed, the empowerment of women is one of the central issues in the process of development for many countries in the world today. The factors involved include women's education, their ownership pattern, their employment opportunities and the workings of the labour market. But going beyond these rather 'classic' variables, they include also the nature of the employment arrangements, attitudes of the family and of the society at large toward women's economic activities, and the economic and social circumstances that encourage or resist change in these attitudes. As Naila Kabeer's illuminating study of the work and economic involvement of Bangladeshi women in Dhaka and London brings out, the continuation of, or break from, past arrangements is strongly influenced by the exact economic and social relations that operate in the local environment.* The changing agency of women is one of the major mediators of economic and social change, and its determination as well as consequences closely relate to many of the central features of the development process.

Reprinted with permission from Sen, Amartya, *Development as Freedom*, Alfred A. Knopf, a division of Random House, Inc., New York, 1999, pp. 195 and 202.

*Kabeer, Naila, 'The Power to Choose: Bangladeshi women and labour market decisions in London and Dhaka', mimeographed, Institute of Development Studies, University of Sussex, 1998.

Amartya Sen is the Master of Trinity College, Cambridge (United Kingdom), and the winner of the 1998 Nobel Prize in Economic Sciences.

Photo: A woman with her sleeping baby in an adult literacy class, part of a UNICEF-supported project in the slum area of El Tobgaye, Alexandria, Egypt.

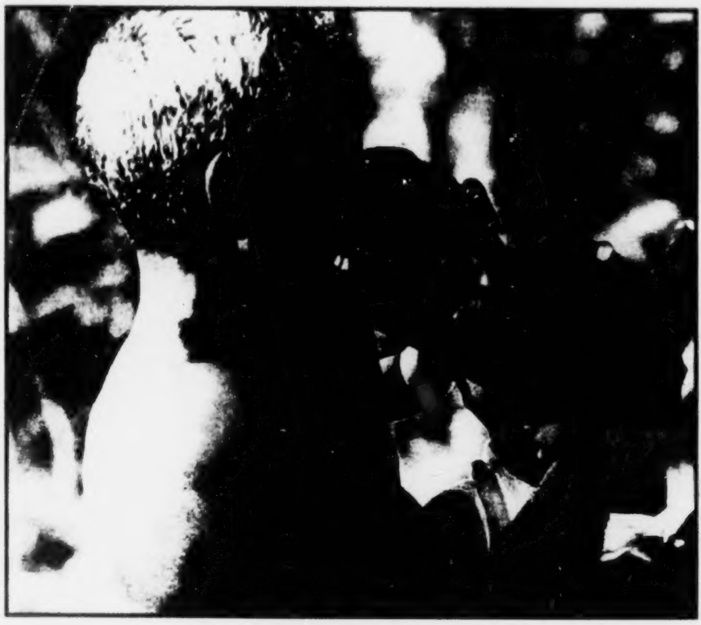
rights abused or their well-being threatened, simply because they are under 18 years of age. Without voice or vote, children and adolescents have few ways to influence the world outside their families. As a result, adults rarely take notice that one third of the world's population is treated this way regularly, quietly, pervasively and destructively. Among these 'non-persons' are infants and babies, the youngest and the most ignored of all.

In 33 countries of the world, more than half of the children are not even registered at birth. Even in countries with birth registration, children of ethnic minorities and children born with disabilities are often ignored. One third of all births each year, some 40 million babies, are not registered. For all intents and purposes, these children are non-persons in the eyes of the State, unrecorded for planning purposes and invisible when policy and budget decisions are being made.

Meanwhile, in the most dysfunctional homes, young children are often silent witnesses to violence and abuse or are themselves victims without recourse. But even in stable environments, myths and misperceptions of an adult-centric world about what children can see, hear or understand limit a child's development.

In ways that are the norm, villages and cities are built around politically favoured projects, such as subsidized, high-cost urban water systems for wealthy neighbourhoods or specialist medical facilities, with monies that could and should have been spent on the needs of children. Laws are passed and public policies implemented without accounting for their effect on the lives of children. National measures of economic, social and human development are taken, monitored and ranked without close scrutiny of the status of child development.

All this despite the nearly universal ratification of the Convention on the Rights of



Yassin Hameed/Maldives

A media culture in Maldives – for and about children

One query that surfaces again and again in discussions among UNICEF and its programme partners in Maldives is "How do UNICEF's ECD strategies and programmes translate into something that is doable and concrete?" In a country such as Maldives, with low infant and child mortality rates and high rates of literacy and school enrolment, the answer is to go directly to caretakers with simple information on child development – information that extends beyond issues of survival and towards the social, emotional, cognitive and spiritual development of the child.

The Maldives ECD project uses a multimedia approach to reach households in this archipelago of 1,200 tiny islands scattered over 90,000 sq. km of ocean. An important objective is to create a media culture in which children are told they are valued, regularly see themselves portrayed in the media, are encouraged to express themselves and have these expressions valued from infancy.

After conducting a baseline survey of existing knowledge, attitudes and practices, programme partners used the information in developing a variety of materials for children and their caretakers. The materials integrate child rights, with a focus on developing children's confidence and self-esteem, as well as gender issues into ECD. Several of the prototype materials reverse gender stereotypes by portraying girls in active roles, boys performing household chores and men nurturing and caring for their children.

In addition to promoting the inclusion of children with disabilities in all their materials, the Maldives project is focusing on another often unacknowledged but highly important group: adolescents. The project provides older siblings with ways to help stimulate the development of their younger brothers and sisters while watching over them.

The Maldives project aims to raise the status of ECD so that it becomes a key indicator for assessing progress and development at the island, atoll and national levels.

the Child and the world's commitments to children. The disconnect between the vision of this landmark treaty and the discrimination that is the reality of children's lives must be set right if any real progress in human affairs is to be made.

The relative powerlessness of women. Women's relative powerlessness in society makes them more likely to be infected with HIV, more vulnerable to violence and abuse in their homes and communities and easier targets in armed conflicts. It also plays a major role in how children are cared for within their homes, in who makes the decisions about them and how they are provided for when policies are drafted, laws made and budgets constructed.

Resource allocation at the family level forces the covert issue of gender discrimination out into the open. Studies in both industrialized and developing countries show that mothers put more of their incomes into their households and into meeting children's needs than do fathers.[64] Research in Kenya and Malawi found a strongly positive correlation between women's control of their income and a household's caloric intake.[65] In many countries, programmes that empower women lead to improvements in children's lives: In the Chicontepec project for indigenous girls and women in Mexico, for example, women's groups that came together around a water project eventually worked for their families' rights to food, health, education and improvements in their homes and incomes.

One could expect that, given the opportunity, women would work diligently to move governments to support basic social services for children and families. But gender discrimination keeps women away from policy-making and the decisions that define the conditions of their lives, such as allocating budgets for basic social services and setting educational policies that promote gender equality. It is a pervasive gender bias that

Pirozzi/Jordan

The importance of early detection – the case of Jordan

Nine-year-old Sahar is a third-grader in preparatory school in Jordan. She has lots of friends and a ready smile – and a hearing aid.

When she was an infant, Sahar was wrongly diagnosed as suffering from mental disability as well as hearing problems. As a result, she was not allowed to interact with other children. Her family neither invested in her development nor provided her with proper nutrition.

Sahar is a living example of the importance of detecting disabilities early in a child's life. Since 1993, the Community-based Rehabilitation (CBR) programme has worked closely with parents, teachers and community volunteers in Al-Mafraq, the expansive northern territory in Jordan, to change attitudes towards disabilities. Parents learn to recognize disabilities and seek help for their children, teachers are especially trained, young women volunteers are recruited to work closely with young children with disabilities and community members assume administrative responsibilities for the programme.

The CBR project is part of national efforts to support 'better parenting' in homes, where three quarters of Jordan's children are cared for, by increasing the knowledge and skills of all caregivers concerning child rights and the physical, emotional and psychological needs of the child.

Whereas previously children had their disabilities either wrongly diagnosed, like Sahar, or even hidden due to a 'culture of shame', there has been a marked change in areas where the CBR project is in place. Parents of children with disabilities now inform and seek assistance from committees set up to help them. Schools integrate children with disability into their classes. And a 1997 survey showed that 80 per cent of the local population's attitudes towards the rights of people with special needs had changed for the better.

And what about the other 20 per cent? They said they already believed that the disabled had rights in the community, but CBR had strengthened those beliefs.

keeps women out of the public sphere and relegates them to the private struggles – of maintaining families, caring for children and sustaining themselves. These struggles mark the days and nights of Priyanthi and Febronia and the millions like them throughout the world. No matter how hard they try to do otherwise or how deeply they care for their children, women, with relatively little power over their own lives, are likely to pass on their poverty to their daughters and sons.

> *Programmes that empower women lead to improvements in children's lives.*

Gender discrimination is one of the first lessons in life and one that is repeated almost incessantly within the family, in schools and in communities until it seems like natural law. It can and must be unlearned in these same arenas as insistently as it is taught and replaced by an environment in which boys and girls are equally valued, equally cared for and equally educated, if a country is to have any chance of sustaining the development of its people and fulfilling the rights of all its citizens.

Acceptance of weak leadership and blurred accountability. The distance from poor rural communities and urban slums to the seats of power is huge. With rare exceptions, the interests of the officials and government decision makers are focused far from those of babies and families in their own countries. And the distance is still farther when the children are in another country and another region of the globe.

In the majority of countries in the world, strong leadership on matters related to how a child survives, grows and develops couldn't be less visible. The voices of power are uncharacteristically silent about the lives of

UNICEF/89-0243/Schytte

women and families, and the great divide between public affairs and private matters is rarely bridged. Now the well-being of children and adolescents must become the measure of a country's progress and a leader's accomplishments.

"... no task nobler than giving children a better future."

The lives of children and women are the truest indicators of the strength of communities and nations. If the youngest and most vulnerable are left to find their way alone, a country violates the rights of its people and sabotages its future as an equal partner in the global economy. Weak and dependent children and women make for weak and dependent countries. In dramatic contrast, children and women empowered by their rights make for robust and self-sufficient societies.

Comprehensive early childhood care is a key to creating a world characterized by hope and change rather than by deprivation and despair and to building countries that are thriving and free. When the UN General Assembly's Special Session on Children convenes in September 2001, the world's leadership will have the opportunity to stake a claim in a legacy of equality and human development.

First and foremost, they must recommit themselves, without reservation, excuse or equivocation, to the Convention on the Rights of the Child. They must do the same for the Convention on the Elimination of All Forms of Discrimination against Women.

Second, they must make children – the youngest most especially – the priority at all policy tables, in all programme planning and all budget meetings.

Third, they must ensure ECD the necessary financial and political support at all levels including at the community and local levels.

Fourth, they must delegate responsibility and assign accountability for ensuring three interrelated outcomes for every child: the best possible start in life, a good-quality basic education and the opportunities to develop fully and to participate in meaningful ways in his or her community.

From now until the Special Session on Children. There are two Substantive Sessions still to come in preparation for the 2001 gathering, in January and June 2001, and a series of reviews and policy discussions at subnational, national and regional levels during that same period. These meetings provide individuals and organizations who are concerned with the rights of children to do several things:

- Hold government leaders accountable for their participation in the United Nations meeting and for the actions they pledge at the Session;
- Make certain that children's perspectives and the views of NGOs are included in all aspects of the review process and in determining priorities for the future;
- Participate in reviews and policy discussions at various levels and publicize when, where and why they are happening;
- Share research and experiences on the lives of children and women;
- Support children and adolescents in their efforts to be heard in the process;
- Mobilize now to follow up on the decisions and action plans that come out of the meeting.

The best possible start in life. The Special Session on Children is one event in the ongoing process of making the world a better place for children, adolescents and the adults that surround them. Breaking the intergenerational transmission of poverty, violence, disease and discrimination is not an unreachable dream if we start early enough in a child's life. Investing in the world's youngest citizens, as part of the effort to ensure their rights, is the best choice among several – great for children and their parents and caretakers, even better for their countries. In the final analysis, making certain that every child has the best possible start in life, which is the legal and morally right thing to do, is the only reasonable choice for responsible leadership.

UNICEF/99-0789/Lemoyne

The tiny hands of an HIV-positive baby grasp hold of fingers of a man participating in the centre's self-help group for HIV-positive adults. Ho Chi Minh City, Viet Nam.

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Maps

Pictorial representations of indices of elements that affect the survival, growth and development of infants around the world.

Maps

1. The early years PAGE 68

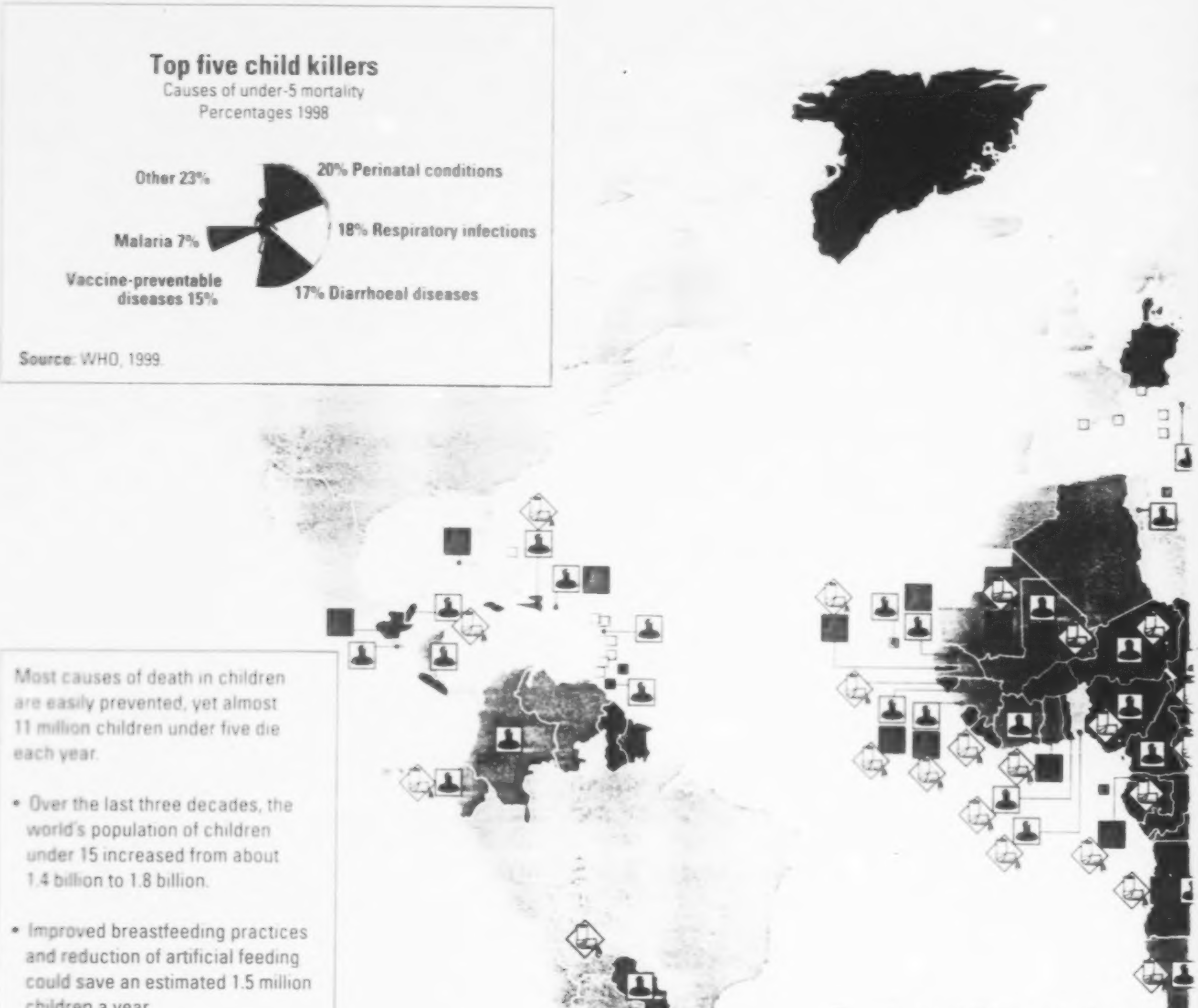
2. Women's status = children's status PAGE 70

3. Challenges PAGE 72

General note on maps PAGE 74

Top five child killers

Causes of under-5 mortality
Percentages 1998


Other 23%
20% Perinatal conditions
Malaria 7%
18% Respiratory infections
Vaccine-preventable diseases 15%
17% Diarrhoeal diseases

Source: WHO, 1999.

Most causes of death in children are easily prevented, yet almost 11 million children under five die each year.

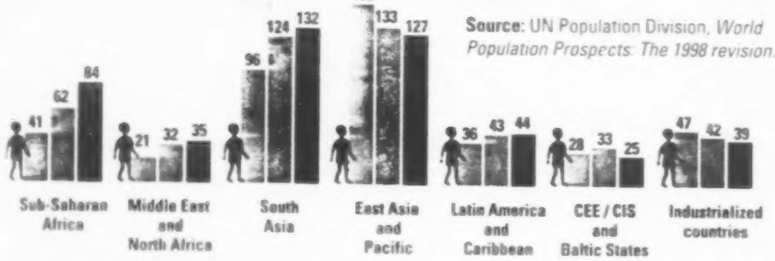
- Over the last three decades, the world's population of children under 15 increased from about 1.4 billion to 1.8 billion.
- Improved breastfeeding practices and reduction of artificial feeding could save an estimated 1.5 million children a year.
- Measles accounts for more than 7% of all deaths of children under five around the world, half of them among infants under the age of one.
- Adequate sanitation is crucial to reducing under-five mortality and morbidity rates, yet 2.4 billion people lack access.
- Iodized salt is the best way to combat iodine deficiency disorders, the world's leading cause of preventable mental impairment.

Trends in child populations

0-3-year-olds by region
(in millions) 1970, 1985, 2000

▨ 1970
▨ 1985
■ 2000

Source: UN Population Division, *World Population Prospects: The 1998 revision.*



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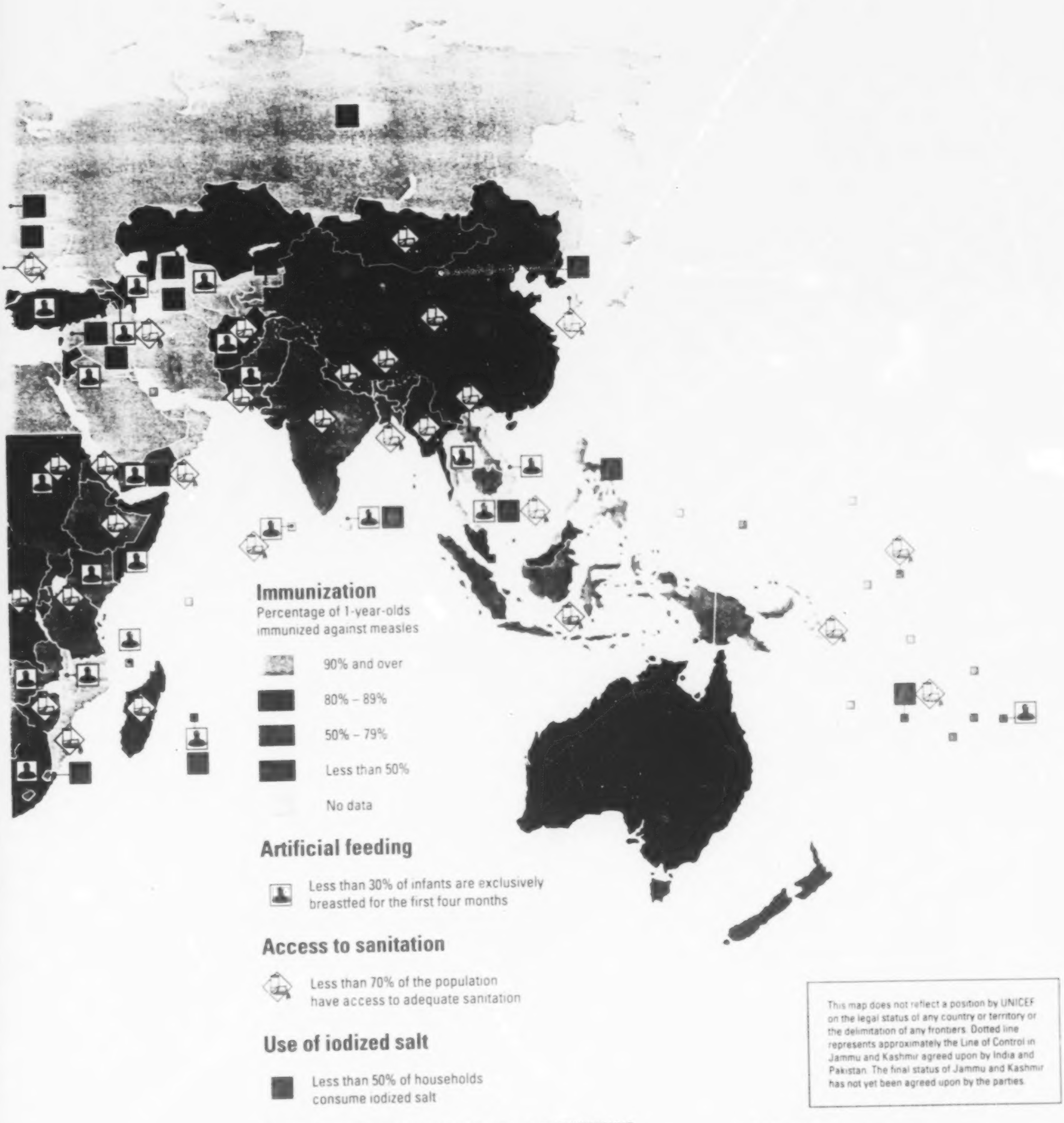
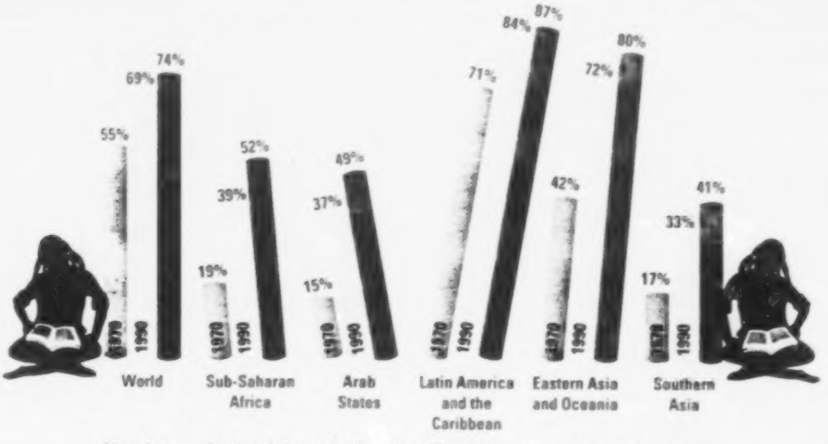
The early years


Immunization
Percentage of 1-year-olds immunized against measles
90% and over
80% – 89%
50% – 79%
Less than 50%
No data
Artificial feeding
Less than 30% of infants are exclusively breastfed for the first four months
Access to sanitation
Less than 70% of the population have access to adequate sanitation
Use of iodized salt
Less than 50% of households consume iodized salt

This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

Sources: Immunization and access to sanitation: UNICEF/WHO; artificial feeding and the use of iodized salt: UNICEF.



Trends in women's literacy

Female literacy rates 1970, 1990 and 2000

Source: UNESCO, *Statistical Yearbook 1999.*

Nearly two thirds of the world's 876 million illiterate adults are women.

Women's status and children's status are inextricably linked.

- Women's literacy rates – a proxy for their empowerment and advancement – are key to improving the health, nutrition and education of families and children.
- Malnourished girls often grow into undernourished mothers, in turn more likely to give birth to low-birthweight infants.
- Approximately 15 million girls aged 15–19 give birth every year, accounting for more than 10% of all babies born worldwide. The risk of death from pregnancy-related causes is four times higher in this age group than for women older than 20.
- Skilled prenatal and delivery care plays a major role in reducing maternal mortality and morbidity.
- Violence against women is often equivalent to violence against children.

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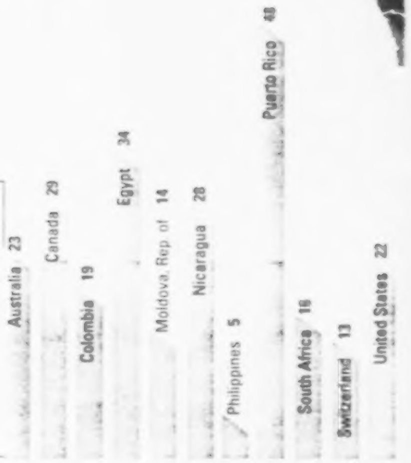
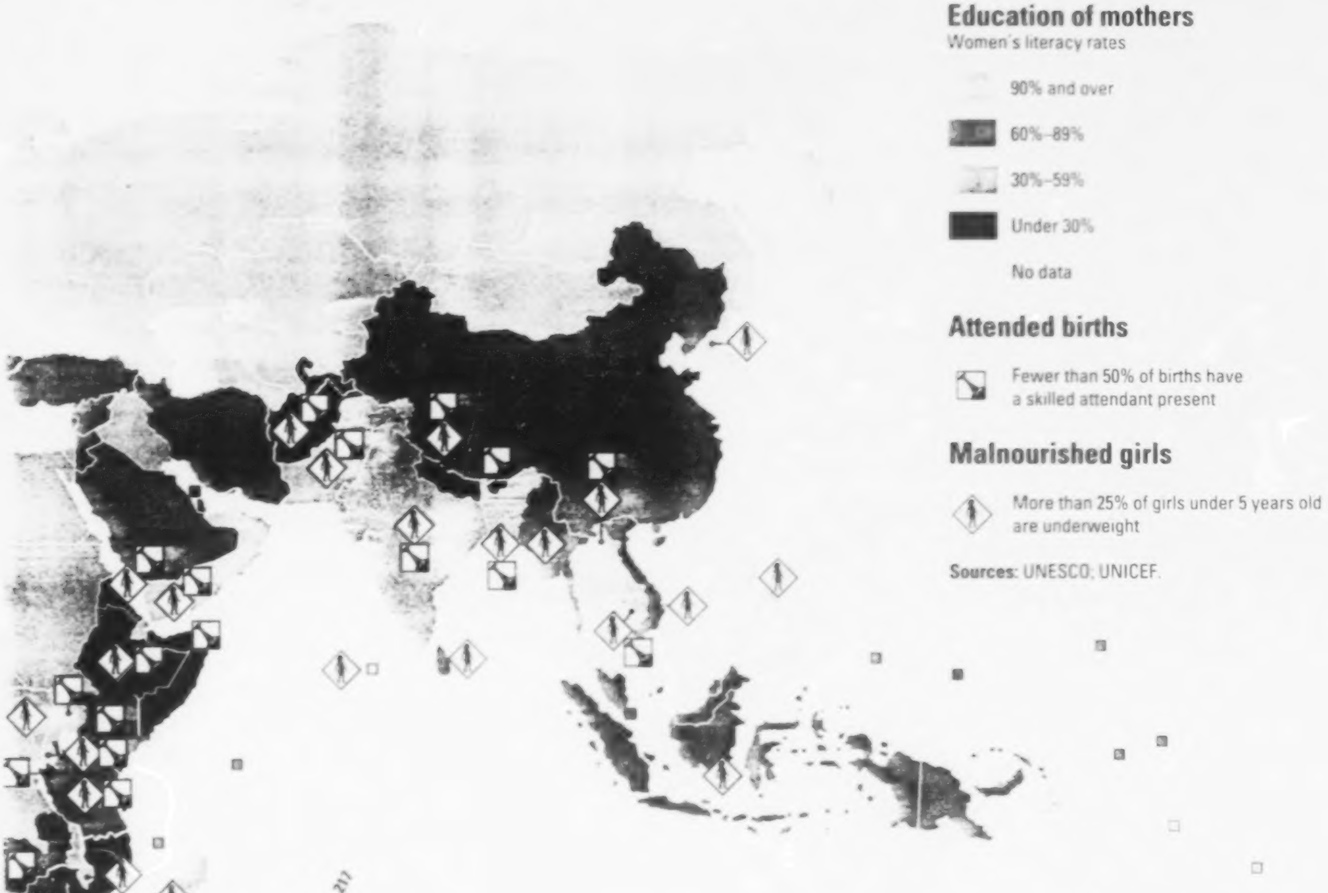
Violence against women

Percentage of adult women who have been physically assaulted by an intimate partner in any relationship 1991/1999 data

Source: United Nations, *The World's Women 2000*, excerpts from chart 6.3, page 154, citing WHO database on violence against women (as of March 2000).



Women's status = children's status

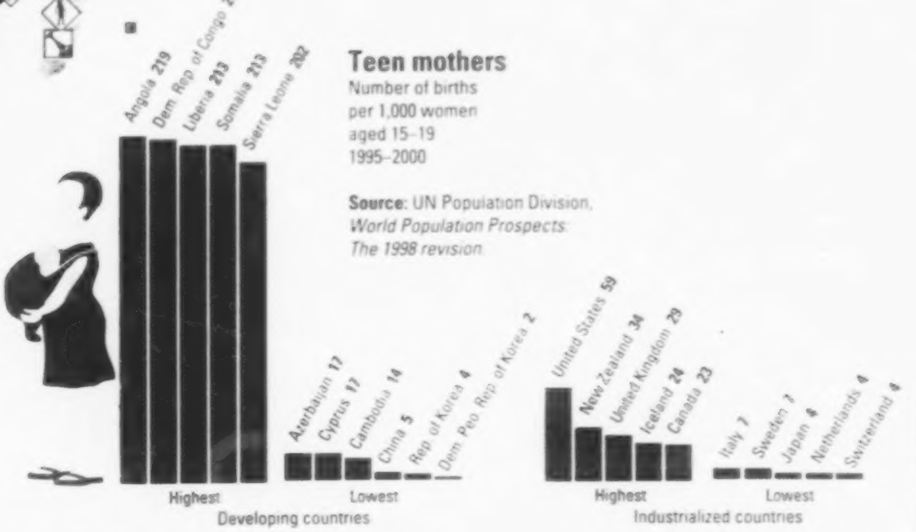

Education of mothers
Women's literacy rates
90% and over
60%–89%
30%–59%
Under 30%
No data
Attended births
Fewer than 50% of births have a skilled attendant present
Malnourished girls
More than 25% of girls under 5 years old are underweight

Sources: UNESCO, UNICEF.

Teen mothers

Number of births
per 1,000 women
aged 15–19
1995–2000

Source: UN Population Division, *World Population Prospects: The 1998 revision.*



In many developing countries, more than one third of women give birth in their teens.

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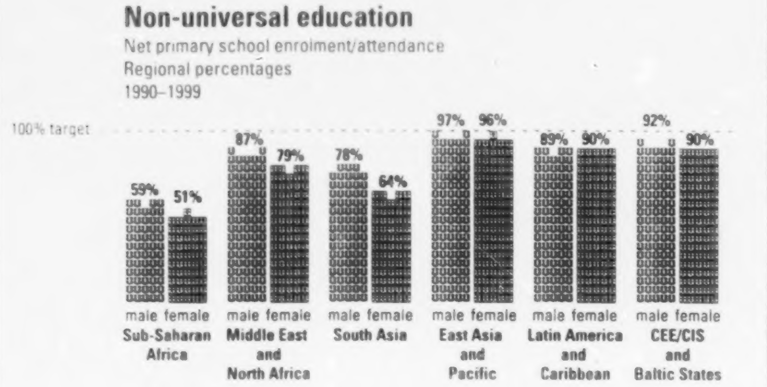

Non-universal education

Net primary school enrolment/attendance
Regional percentages
1990–1999

Sources: UNESCO; UNICEF.

Each day, countless numbers of children around the world are exposed to dangers that hamper their growth and development.

- More than 20% of primary school aged children in developing countries are not in school.
- One third of all births are not registered – these children are likely to be denied access to basic services and miss out on health care and education.
- Malnutrition among pregnant women is a major factor in the stunting of an estimated 177 million children.
- Approximately half of the 40 million people displaced by conflict or human rights violations are children.
- More than 10 million children under 15 have lost their mother or both parents to AIDS.

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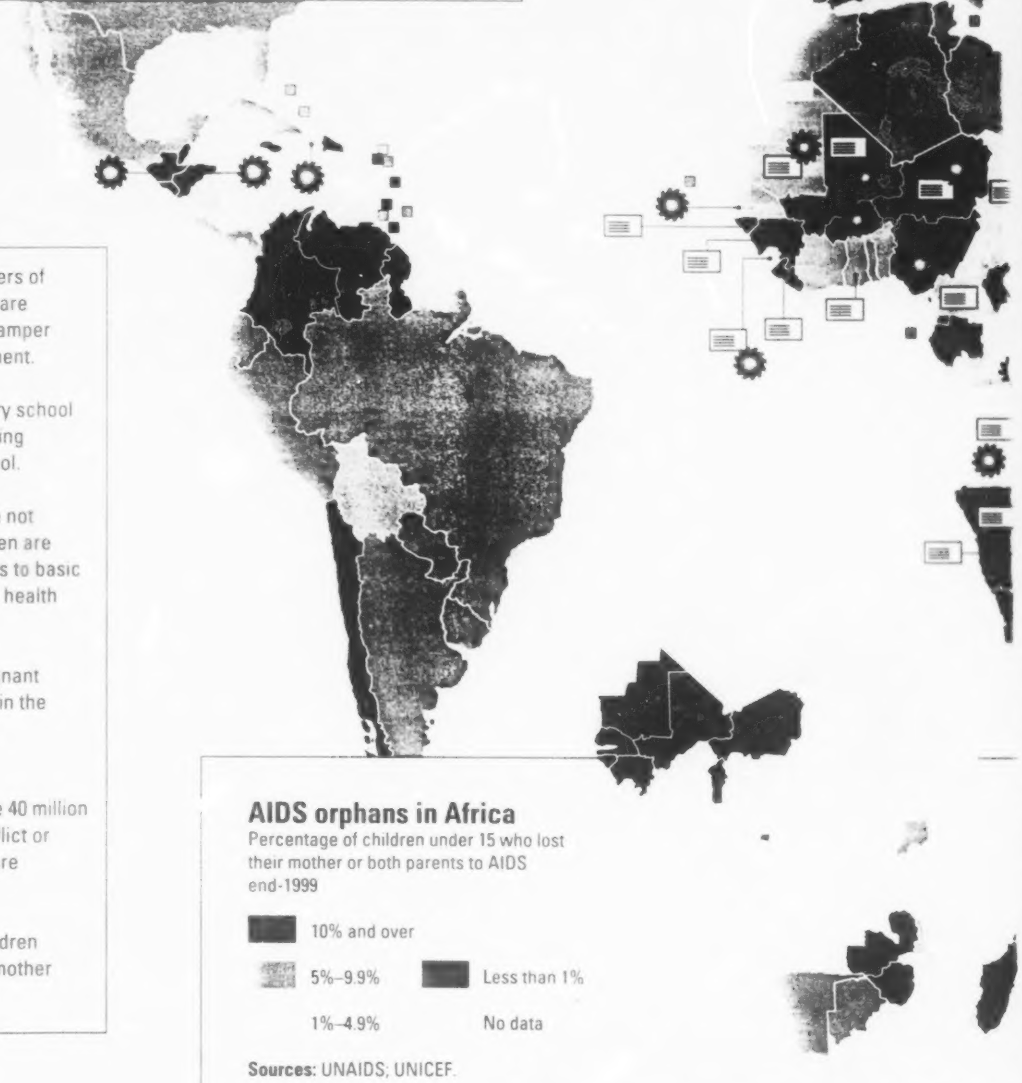


AIDS orphans in Africa

Percentage of children under 15 who lost their mother or both parents to AIDS
end-1999

■ 10% and over	
▨ 5%–9.9%	■ Less than 1%
1%–4.9%	No data

Sources: UNAIDS; UNICEF.

Challenges

School enrolment

Proportion of children enrolled in or attending primary school

- ▨ 90% and over
- ■ 75%–89%
- 50%–74%
- ■ Less than 50%
- No data

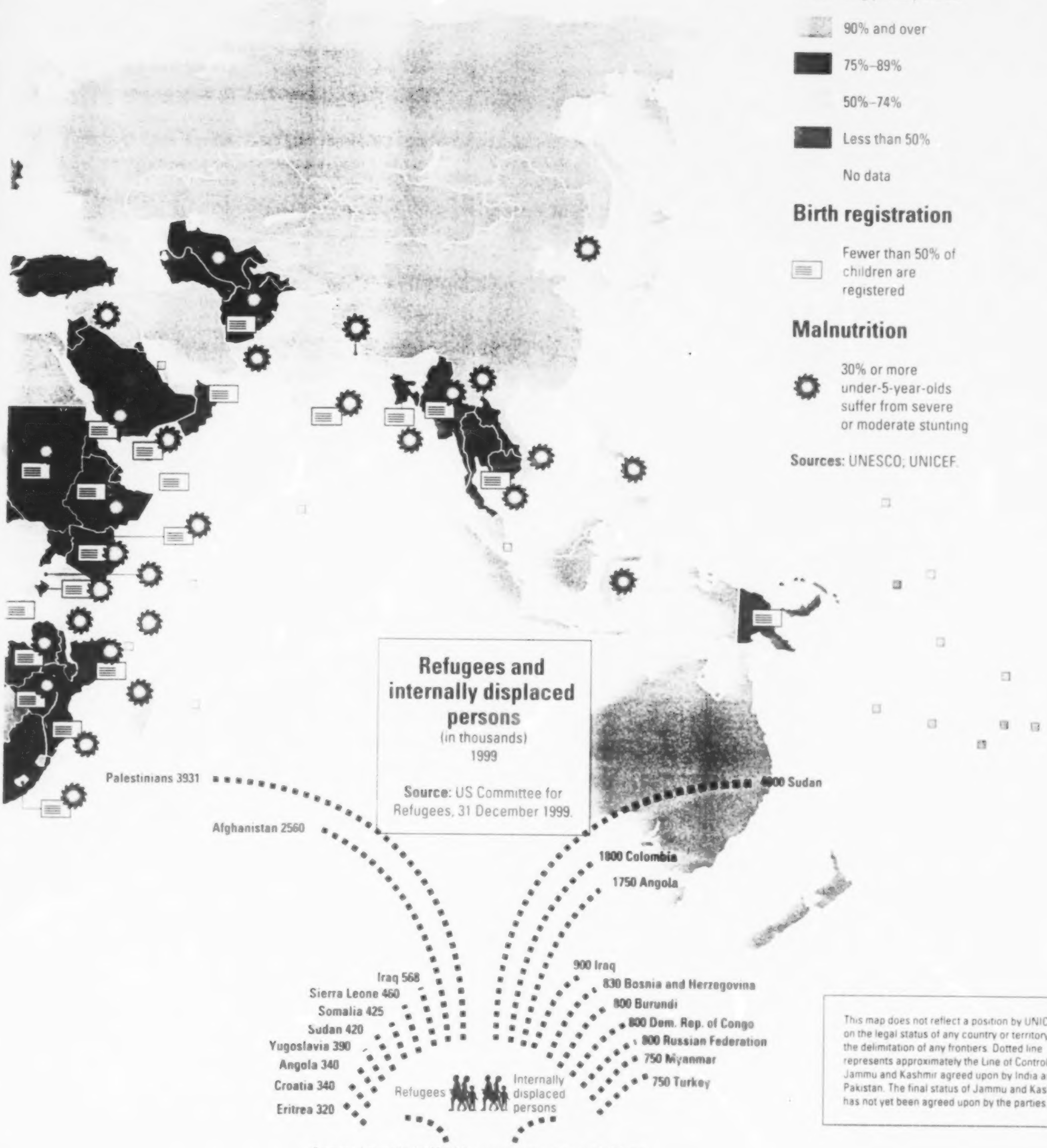
Birth registration

- ▭ Fewer than 50% of children are registered

Malnutrition

- ⚙ 30% or more under-5-year-olds suffer from severe or moderate stunting

Sources: UNESCO; UNICEF.



Refugees and internally displaced persons

(in thousands)
1999

Source: US Committee for Refugees, 31 December 1999.

Refugees		Internally displaced persons	
Palestinians	3931	Sudan	4000
Afghanistan	2560	Colombia	1800
Iraq	568	Angola	1750
Sierra Leone	460	Iraq	900
Somalia	425	Bosnia and Herzegovina	830
Sudan	420	Burundi	800
Yugoslavia	390	Dem. Rep. of Congo	800
Angola	340	Russian Federation	800
Croatia	340	Myanmar	750
Eritrea	320	Turkey	750

Approximately half of these persons are children.

This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

General note on maps

These maps illustrate a number of the many factors that shape a child's start in life. The selected indices capture some of the important elements that affect an infant's survival, growth and development. The maps do not include many psychosocial elements crucial for early childhood development. These elements are difficult to measure and the limited data that are available are not necessarily comparable across countries.

Data sources for illustrations are given on each map. As many countries as space allows have been included. Some island nations are surrounded by a box if an indicator may not otherwise be seen easily.

When the data on these maps are correlated, they show that negative conditions do not occur in isolation but, instead, cluster together with the same children being affected by multiple and simultaneous circumstances. These maps are graphic reminders of the effect of the absence or collapse of social service networks. However, the maps are ultimately positive as they also demonstrate the long-term benefits of social investment in the welfare of women and children.

Statistical tables

Economic and social statistics on the nations of the world, with particular reference to children's well-being.

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EXPLANATION OF SYMBOLS PAGE 76
UNDER-FIVE MORTALITY RANKINGS PAGE 77
REGIONAL SUMMARIES COUNTRY LIST PAGE 106
MEASURING HUMAN DEVELOPMENT:
AN INTRODUCTION TO TABLE 8 PAGE 107

Tables

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2 NUTRITION PAGE 82
3 HEALTH PAGE 86
4 EDUCATION PAGE 90
5 DEMOGRAPHIC INDICATORS PAGE 94
6 ECONOMIC INDICATORS PAGE 98
7 WOMEN PAGE 102
8 THE RATE OF PROGRESS PAGE 108

General note on the data

The data presented in the following statistical tables are accompanied by definitions, sources and explanations of symbols. The tables are derived from many sources and thus will inevitably cover a wide range of data quality. Official government data received by the responsible United Nations agency have been used whenever possible. In the many cases where there are no reliable official figures, estimates made by the responsible United Nations agency have been used. Where such internationally standardized estimates do not exist, the tables draw on other sources, particularly data received from the appropriate UNICEF field office. Where possible, only comprehensive or representative national data have been used.

Data quality is likely to be adversely affected for countries that have recently suffered from man-made or natural disasters. This is particularly so where basic country infrastructure has been fragmented or major population movements have occurred.

Data for life expectancy, total fertility rates, crude birth and death rates, etc. are part of the regular work on estimates and projections undertaken by the United Nations Population Division. These and other internationally produced estimates are revised periodically, which explains why some of the data will differ from those found in earlier UNICEF publications.

A major revision has occurred in the method by which water and sanitation coverage estimates have been derived in table 3. Estimates in past reports were based on data from providers of water and sanitation services. However, many water providers do not know whether the services originally provided are still functioning, who is using these services and, for most countries, do not have any assessment of water quality. The new methodology accepts the difficulty of direct assessment of water quality by dividing the process of measurement into three parts: the source, quality and consistency of supply. The main source of drinking water is determined through household surveys. Sources categorized as 'improved' are used to determine the coverage estimates given in table 3. Work has already started on assessing the quality of water by source, but it will take some years before global estimates can be reported. A similar approach has been taken for sanitation. This methodology has been adopted for the estimates in the United Nations Secretary-General's year 2000 report on Progress made in providing safe water supply and sanitation for all during the 1990s.

The tables contain two other notable changes: in education and GNP per capita. The primary source of the education data in the current tables is the *Education for All Year 2000 Assessment: Statistical document*, produced by the UNESCO Institute for Statistics for the International Consultative Forum on Education for All for the World Education Forum in Dakar (Senegal) in early 2000. As a result, the data for a few countries may differ substantially from that reported in previous tables. Utilizing an early release of data by the World Bank, we have used GNP per capita data for 1999, thus skipping the data for 1998.

Explanation of symbols

Since the aim of this statistics chapter is to provide a broad picture of the situation of children and women worldwide, detailed data qualifications and footnotes are seen as more appropriate for inclusion elsewhere. Only three symbols are used to classify the table data.

-	Indicates data are not available.
x	Indicates data that refer to years or periods other than those specified in the column heading, differ from the standard definition, or refer to only part of a country.
*	Data refer to the most recent year available during the period specified in the column heading.

80

Under-five mortality rankings

The following list ranks countries in descending order of their estimated 1999 under-five mortality rate (U5MR), a critical indicator of the well-being of children. Countries are listed alphabetically in the tables that follow.

Country	Under-5 mortality rate	
	Value	Rank
Sierra Leone	316	1
Angola	295	2
Niger	275	3
Afghanistan	257	4
Liberia	235	5
Mali	235	5
Malawi	211	7
Somalia	211	7
Congo, Dem. Rep.	207	9
Mozambique	203	10
Zambia	202	11
Guinea-Bissau	200	12
Burkina Faso	199	13
Chad	198	14
Nigeria	187	15
Mauritania	183	16
Guinea	181	17
Rwanda	180	18
Burundi	176	19
Ethiopia	176	19
Central African Rep.	172	21
Côte d'Ivoire	171	22
Equatorial Guinea	160	23
Benin	156	24
Madagascar	156	24
Cameroon	154	26
Djibouti	149	27
Gabon	143	28
Togo	143	28
Tanzania	141	30
Lesotho	134	31
Uganda	131	32
Haiti	129	33
Iraq	128	34
Cambodia	122	35
Yemen	119	36
Kenya	118	37
Senegal	118	37
Myanmar	112	39
Pakistan	112	39
Papua New Guinea	112	39
Lao People's Dem. Rep.	111	42
Sudan	109	43
Congo	108	44
Bhutan	107	45
Eritrea	105	46
Nepal	104	47
Ghana	101	48
India	98	49
Marshall Islands	92	50
Swaziland	90	51
Zimbabwe	90	51
Bangladesh	89	53
Comoros	86	54
Bolivia	83	55
Maldives	83	55
Mongolia	80	57
Guyana	76	58
Sao Tome and Principe	76	58
Gambia	75	60
Tajikistan	74	61
Cape Verde	73	62
Kiribati	72	63
Turkmenistan	71	64
Namibia	70	65
South Africa	69	66
Kyrgyzstan	65	67
Guatemala	60	68
Botswana	59	69
Uzbekistan	58	70
Tuvalu	56	71
Morocco	53	72
Egypt	52	73
Indonesia	52	73
Peru	52	73
Dominican Rep.	49	76
Turkey	48	77
Nicaragua	47	78
Iran	46	79
Vanuatu	46	79
Azerbaijan	45	81
Belize	43	82
El Salvador	42	83
Honduras	42	83
Kazakhstan	42	83
Philippines	42	83
Algeria	41	87
China	41	87
Brazil	40	89
Viet Nam	40	89
Albania	35	91
Ecuador	35	91
Jordan	35	91
Moldova, Rep. of	34	94
Palau	34	94
Suriname	34	94
Mexico	33	97
Lebanon	32	98
Paraguay	32	98
Colombia	31	100
Armenia	30	101
Cook Islands	30	101
Korea, Dem. People's Rep.	30	101
Nauru	30	101
Syria	30	101
Thailand	30	101
Tunisia	30	101
Saint Kitts and Nevis	29	108
Belarus	28	109
Grenada	27	110
Panama	27	110
Samoa	26	112
Solomon Islands	26	112
TFYR Macedonia†	26	112
Saint Vincent/Grenadines	25	115
Saudi Arabia	25	115
Micronesia, Fed. States of	24	117
Romania	24	117
Georgia	23	119
Mauritius	23	119
Venezuela	23	119
Yugoslavia	23	119
Argentina	22	123
Fiji	22	123
Libya	22	123
Lithuania	22	123
Russian Federation	22	123
Tonga	22	123
Bahamas	21	129
Estonia	21	129
Latvia	21	129
Ukraine	21	129
Antigua and Barbuda	20	133
Trinidad and Tobago	20	133
Saint Lucia	19	135
Sri Lanka	19	135
Bosnia and Herzegovina	18	137
Dominica	18	137
Bulgaria	17	139
Seychelles	17	139
Uruguay	17	139
Bahrain	16	142
Barbados	16	142
Oman	16	142
Qatar	16	142
Costa Rica	14	146
Chile	12	147
Kuwait	12	147
Jamaica	11	149
Liechtenstein	11	149
Hungary	10	151
Poland	10	151
Slovakia	10	151
Brunei Darussalam	9	154
Croatia	9	154
Malaysia	9	154
United Arab Emirates	9	154
Cuba	8	158
Cyprus	8	158
United States	8	158
Andorra	7	161
Greece	7	161
Ireland	7	161
Malta	7	161
Belgium	6	165
Canada	6	165
Israel	6	165
Italy	6	165
New Zealand	6	165
Portugal	6	165
San Marino	6	165
Slovenia	6	165
Spain	6	165
United Kingdom	6	165
Australia	5	175
Austria	5	175
Czech Rep.	5	175
Denmark	5	175
Finland	5	175
France	5	175
Germany	5	175
Iceland	5	175
Korea, Rep. of	5	175
Luxembourg	5	175
Monaco	5	175
Netherlands	5	175
Japan	4	187
Norway	4	187
Singapore	4	187
Sweden	4	187
Switzerland	4	187
Holy See	no data	-
Niue	no data	-

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† *The former Yugoslav Republic of Macedonia, referred to in the following tables as TFYR Macedonia.*

Table 1: Basic indicators

	Under-5 mortality rank	Under-5 mortality rate 1960	Under-5 mortality rate 1999	Infant mortality rate (under 1) 1960	Infant mortality rate (under 1) 1999	Total population (thousands) 1999	Annual no. of births (thousands) 1999	Annual no. of under-5 deaths (thousands) 1999	GNP per capita (US$) 1999	Life expectancy at birth (years) 1999	Total adult literacy rate 1995-99*	Primary school enrolment ratio (gross) 1995-99*	% share of household income 1990-97* lowest 40%	% share of household income 1990-97* highest 20%
Afghanistan	**4**	360	257	215	165	21923	1139	293	250x	46	32	29	-	-
Albania	**91**	151	35	112	29	3113	62	2	870	73	-	107		
Algeria	**87**	255	41	152	36	30774	881	36	1550	69	63	96	19	43
Andorra	**161**		7		6	75	1	0	d				-	-
Angola	**2**	345	295	208	172	12479	595	176	220	48	42x	88x	-	-
Antigua and Barbuda	**133**	-	20		17	67	1	0	8520x		82	99	-	-
Argentina	**123**	72	22	60	19	36577	718	16	7600	73	96	111	-	-
Armenia	**101**	48	30	38	25	3525	46	1	490	71	99	95		-
Australia	**175**	24	5	20	5	18705	245	1	20050	78		101	19x	41x
Austria	**175**	43	5	37	4	8177	81	0	25970	77		103	25x	33x
Azerbaijan	**81**	74	45	55	35	7697	121	5	550	70	97	96	-	-
Bahamas	**129**	68	21	51	18	301	7	0	12400x	74	96	99	-	
Bahrain	**142**	160	16	110	13	606	11	0	7640x	73	80	104	-	-
Bangladesh	**53**	248	89	149	58	126947	3504	312	370	59	56	97	23	38
Barbados	**142**	90	16	74	14	269	3	0	6610x	77	97	101		-
Belarus	**109**	47	28	37	23	10274	99	3	2630	68	99	98	22	37
Belgium	**165**	35	6	31	6	10152	105	1	24510	77	-	103	24	35
Belize	**82**	104	43	74	35	235	7	0	2730	75	75	101		-
Benin	**24**	300	156	176	99	5937	242	38	380	54	30	76	-	-
Bhutan	**45**	300	107	175	80	2064	76	8	510	62	42	72		
Bolivia	**55**	255	83	152	64	8142	264	22	1010	62	85	97	15	48
Bosnia and Herzegovina	**137**	160	18	105	15	3839	39	1	b	74	93	100	-	
Botswana	**69**	173	59	118	46	1597	53	3	3240	45	73	118	11x	59x
Brazil	**89**	177	40	115	34	167988	3344	134	4420	67	85	128	8	64
Brunei Darussalam	**154**	87	9	63	8	322	7	0	24630x	76	89	107	-	-
Bulgaria	**139**	70	17	49	14	8279	71	1	1380	72	98	100	21	39
Burkina Faso	**13**	315	199	181	106	11616	530	105	240	45	19	41	14	55
Burundi	**19**	255	176	151	106	6565	273	48	120	43	37	62	-	-
Cambodia	**35**	-	122	-	86	10945	360	44	260	54	68	90	-	-
Cameroon	**26**	255	154	151	95	14693	573	88	580	54	63	82	-	-
Canada	**165**	33	6	28	6	30857	343	2	19320	79	97x	102	20	39
Cape Verde	**62**	164	73	110	54	418	13	1	1330	70	85	118	-	-
Central African Rep.	**21**	327	172	187	113	3550	132	23	290	45	40	61	-	-
Chad	**14**	325	198	195	118	7458	323	64	200	48	33	65		
Chile	**147**	138	12	107	11	15019	290	3	4740	75	96	103	10	61
China	**87**	225	41	150	33	1266838	19821	813	780	70	84	104	15	48
Colombia	**100**	122	31	82	26	41564	988	31	2250	71	92	99	10	62
Comoros	**54**	265	86	200	64	676	24	2	350	60	74	92	-	-
Congo	**44**	220	108	143	81	2864	123	13	670	49	75	79	-	-
Congo, Dem. Rep.	**9**	302	207	175	128	50335	2293	475	110x	52	67	61		
Cook Islands	**101**	-	30	-	26	19	0	0	-		99x	111	-	-
Costa Rica	**146**	112	14	80	13	3933	90	1	2740	76	95	109	13	52
Côte d'Ivoire	**22**	290	171	195	102	14526	540	92	710	47	50	71	18x	44x
Croatia	**154**	98	9	70	8	4477	47	0	4580	73	97	95	-	-
Cuba	**158**	54	8	39	6	11160	141	1	1170x	76	96	97	-	-
Cyprus	**158**	36	8	30	7	778	11	0	11960	78	95	100		
Czech Rep.	**175**	25	5	22	5	10262	88	0	5060	74		104	24	37
Denmark	**175**	25	5	22	4	5282	63	0	32030	76	-	101	25	35
Djibouti	**27**	289	149	186	104	629	23	3	790	51	57	39	-	-
Dominica	**137**		18		16	71	1	0	3170		-	99	-	-
Dominican Rep.	**76**	149	49	102	43	8364	195	10	1910	71	84	93x	12x	56x
Ecuador	**91**	178	35	107	27	12411	309	11	1310	70	89	99	14	53
Egypt	**73**	282	52	189	41	67226	1720	89	1400	67	56	100	21	41
El Salvador	**83**	191	42	130	35	6154	167	7	1900	70	78	94	12	54
Equatorial Guinea	**23**	316	160	188	105	442	18	3	1170	51	78	128	-	-
Eritrea	**46**	250	105	170	66	3719	148	16	200	51	30	59		
Estonia	**129**	52	21	40	17	1412	12	0	3480	69	98	94	18	42

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…Table 1

	Under-5 mortality rank	Under-5 mortality rate		Infant mortality rate (under 1)		Total population (thousands)	Annual no. of births (thousands)	Annual no. of under-5 deaths (thousands)	GNP per capita (US$)	Life expectancy at birth (years)	Total adult literacy rate	Primary school enrolment ratio (gross)	% share of household income 1990-97*	
		1960	1999	1960	1999	1999	1999	1999	1999	1999	1995-99*	1995-99*	lowest 40%	highest 20%
Ethiopia	**19**	269	176	180	118	61095	2699	475	100	44	33	42	18	48
Fiji	**123**	97	22	71	18	806	17	0	2210	73	91	111	–	–
Finland	**175**	28	5	22	4	5165	57	0	23780	77	–	99	24	38
France	**175**	34	5	29	5	58886	711	4	23480	78	–	105	20x	40x
Gabon	**28**	287	143	171	85	1197	44	6	3350	52	63	132	–	–
Gambia	**60**	364	75	207	61	1268	50	4	340	48	31	72	–	–
Georgia	**119**	70	23	52	19	5006	69	2	620	73	100	95	–	–
Germany	**175**	40	5	34	5	82178	736	4	25350	77	–	104	23x	37x
Ghana	**48**	215	101	127	63	19678	724	73	390	61	64	79	21	42
Greece	**161**	64	7	53	6	10626	97	1	11770	78	96	93	–	–
Grenada	**110**	–	27	–	22	93	2	0	3450	–	96x	126	–	–
Guatemala	**68**	202	60	136	45	11090	399	24	1660	65	68	94	8x	63x
Guinea	**17**	380	181	215	115	7360	312	56	510	47	35	54	17	47
Guinea-Bissau	**12**	336	200	200	128	1187	49	10	160	45	32	69	9	59
Guyana	**58**	126	76	100	56	855	18	1	760	65	98	88	–	–
Haiti	**33**	253	129	169	83	8087	255	33	460	54	44	126	–	–
Holy See	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Honduras	**83**	204	42	137	33	6316	205	9	760	70	70	97	11	58
Hungary	**151**	57	10	51	9	10076	96	1	4650	71	99	103	24	38
Iceland	**175**	22	5	17	5	279	4	0	29280	79	–	98	–	–
India	**49**	242	98	146	70	998056	24489	2400	450	63	58	90	22	39
Indonesia	**73**	216	52	128	38	209255	4608	240	580	66	88	114	19	45
Iran	**79**	281	46	164	37	66796	1392	64	1760	70	76	107	–	–
Iraq	**34**	171	128	117	104	22450	804	103	2170x	65	58	107	–	–
Ireland	**161**	36	7	31	6	3705	53	0	19160	77	–	102	18x	43x
Israel	**165**	39	6	32	6	6101	118	1	17450x	78	95	99	18	43
Italy	**165**	50	6	44	6	57343	506	3	19710	78	98	101	21	39
Jamaica	**149**	76	11	58	10	2560	54	1	2330	75	76	94	16	48
Japan	**187**	40	4	31	4	126505	1271	5	32230	80	–	102	22x	38x
Jordan	**91**	139	35	97	29	6482	223	8	1500	71	87	93	16	50
Kazakhstan	**83**	74	42	55	35	16269	292	12	1230	68	99	100	20	40
Kenya	**37**	205	118	122	76	29549	992	117	360	51	77	89	15	50
Kiribati	**63**	–	72	–	53	82	3	0	910	–	100x	84	–	–
Korea, Dem. People's Rep.	**101**	120	30	85	23	23702	472	14	a	73	100	104x	–	–
Korea, Rep. of	**175**	127	5	90	5	46480	681	3	8490	73	99	98	20x	42x
Kuwait	**147**	128	12	89	11	1897	40	0	19020x	76	89	99	–	–
Kyrgyzstan	**67**	180	65	135	55	4669	116	8	300	68	97	98	18	42
Lao People's Dem. Rep.	**42**	235	111	155	93	5297	205	23	280	54	60	114	23	40
Latvia	**129**	44	21	35	17	2389	20	0	2470	69	100	101	22	37
Lebanon	**98**	85	32	65	28	3236	73	2	3700	70	87	113	–	–
Lesotho	**31**	203	134	137	93	2108	73	10	550	54	81	94	9x	60x
Liberia	**5**	288	235	190	157	2930	129	30	490x	50	25	56	–	–
Libya	**123**	270	22	159	19	5471	160	4	5540x	70	78	99	–	–
Liechtenstein	**149**	–	11	–	10	32	0	0	d	–	100x	–	–	–
Lithuania	**123**	70	22	52	18	3682	36	1	2620	71	99	98	20	42
Luxembourg	**175**	41	5	33	5	426	5	0	44640	77	–	99x	–	–
Madagascar	**24**	364	156	219	95	15497	604	94	250	58	47	104	15	52
Malawi	**7**	361	211	205	132	10640	497	105	190	40	42	135	–	–
Malaysia	**154**	105	9	73	8	21830	520	5	3400	72	94	94	13x	54x
Maldives	**55**	300	83	180	60	278	10	1	1160	65	99	123	–	–
Mali	**5**	517	235	293	143	10960	507	119	240	54	29	50	13	56
Malta	**161**	42	7	37	6	386	5	0	9210	78	91	107	–	–
Marshall Islands	**50**	–	92	–	63	62	2	0	1560	–	91x	133	–	–
Mauritania	**16**	310	183	180	120	2598	104	19	380	54	46	86	17	46
Mauritius	**119**	92	23	67	19	1150	18	0	3590	72	82	105	–	–
Mexico	**97**	134	33	94	27	97365	2324	77	4400	73	89	112	11	58
Micronesia, Fed. States of	**117**	–	24	–	20	116	4	0	1810	–	81x	100x	–	–

Table 1: Basic indicators

	Under-5 mortality rank	Under-5 mortality rate		Infant mortality rate (under 1)		Total population (thousands) 1999	Annual no. of births (thousands) 1999	Annual no. of under-5 deaths (thousands) 1999	GNP per capita (US$) 1999	Life expectancy at birth (years) 1999	Total adult literacy rate 1995-99*	Primary school enrolment ratio (gross) 1995-99*	% share of household income 1990-97*	
		1960	1999	1960	1999								lowest 40%	highest 20%
Moldova, Rep. of	**94**	88	34	64	27	4380	56	2	370	68	98	96	19	42
Monaco	**175**		5		5	33	0	0	d	-	-		-	
Mongolia	**57**		80		61	2621	58	5	350	67	97	103	20	41
Morocco	**72**	211	53	132	45	27867	703	37	1200	67	44	85	17	46
Mozambique	**10**	313	203	180	127	19286	825	168	230	42	38	76		
Myanmar	**39**	252	112	169	79	45059	942	106	220x	61	83	100	-	-
Namibia	**65**	206	70	129	56	1695	60	4	1890	48	78	126	-	-
Nauru	**101**		30	-	25	11	0	0		-	95	101	-	-
Nepal	**47**	315	104	212	75	23385	786	82	220	58	45	122	19	45
Netherlands	**175**	22	5	18	5	15735	176	1	24320	78	-	103	21	40
New Zealand	**165**	26	6	22	6	3828	57	0	13780	77	-	101	16x	45x
Nicaragua	**78**	193	47	130	38	4938	174	8	430	68	77	96	12	55
Niger	**3**	354	275	211	162	10400	497	137	190	49	13	32	10	53
Nigeria	**15**	207	187	123	112	108945	4176	781	310	50	57	70	13	49
Niue	-	-			-	2	0	-	-	-	99x	100		-
Norway	**187**	23	4	19	4	4442	57	0	32880	78	-	100	24	35
Oman	**142**	280	16	164	14	2460	87	1	4940x	71	68	98	-	-
Pakistan	**39**	227	112	139	84	152331	5349	599	470	65	45	84	22	41
Palau	**94**	-	34		28	19	1	0	c	-	98x	103x	-	-
Panama	**110**	88	27	58	21	2812	61	2	3070	74	92	106	9	60
Papua New Guinea	**39**	204	112	137	79	4702	149	17	800	59	72	63	12	57
Paraguay	**98**	90	32	66	27	5358	165	5	1580	70	91	112	8	62
Peru	**73**	234	52	142	42	25230	610	32	2390	69	92	122	14	51
Philippines	**83**	110	42	80	31	74454	2064	87	1020	69	94	119	16	50
Poland	**151**	70	10	62	9	38740	417	4	3960	73	99	98	23	37
Portugal	**165**	112	6	81	5	9873	102	1	10600	76	90	126	-	-
Qatar	**142**	140	16	94	12	589	11	0	12000x	72	83	103	-	-
Romania	**117**	82	24	69	21	22402	201	5	1520	70	97	100	23	37
Russian Federation	**123**	64	22	48	18	147196	1434	32	2270	67	99	107x	13	53
Rwanda	**18**	210	180	124	110	7235	295	53	250	41	53	88	23x	39x
Saint Kitts and Nevis	**108**	-	29	-	24	39	1	0	6420	-	90x	98	-	-
Saint Lucia	**135**		19		17	152	3	0	3770		-	115	-	-
Saint Vincent/Grenadines	**115**		25		21	113	2	0	2700	-	82x	91	-	
Samoa	**112**	210	25	134	21	177	5	0	1060	72	98x	94	-	-
San Marino	**165**	-	6	-	6	26	0	0	-		-	-	-	-
Sao Tome and Principe	**58**	-	76		59	144	6	0	270	-	73x		-	-
Saudi Arabia	**115**	250	25	170	20	20899	696	17	6910x	72	81	92	-	-
Senegal	**37**	300	118	173	68	9240	364	43	510	53	51	66	11	58
Seychelles	**139**	-	17	-	13	77	3	0	6540	-	88	101	-	-
Sierra Leone	**1**	390	316	220	182	4717	214	68	130	39	32	50x	3x	63x
Singapore	**187**	40	4	31	4	3522	49	0	29610	78	91	94	15x	49x
Slovakia	**151**	40	10	33	9	5382	56	1	3590	73	-	99	28	31
Slovenia	**165**	45	6	37	5	1989	18	0	9890	75	100	98	23	39
Solomon Islands	**112**	185	26	120	22	430	15	0	750	72	62x	97x	-	-
Somalia	**7**	294	211	175	125	9672	500	106	120x	48	24x	14x	-	-
South Africa	**66**	130	69	89	54	39900	1055	73	3160	52	67	97	8	65
Spain	**165**	57	6	46	6	39634	358	2	14000	78	97	109	20	40
Sri Lanka	**135**	133	19	83	17	18639	328	6	820	74	90	107	22	39
Sudan	**43**	208	109	123	67	28883	944	103	330	56	57	46		-
Suriname	**94**	98	34	70	27	415	8	0	1660x	71	93	127x		-
Swaziland	**51**	233	90	157	62	980	37	3	1360	61	79	116	-	-
Sweden	**187**	20	4	16	3	8892	86	0	25040	79	-	103	24	35
Switzerland	**187**	27	4	22	3	7344	79	0	38350	79	81x	107x	19x	44x
Syria	**101**	201	30	136	25	15725	472	14	970	69	82	95	-	-
Tajikistan	**61**	140	74	95	54	6104	189	14	290	68	91	95	-	-
Tanzania	**30**	240	141	142	90	32793	1332	188	240	48	84	76	18	46
TFYR Macedonia	**112**	177	26	120	22	2011	31	1	1690	73	94x	99	-	-

	Under-5 mortality rank	Under-5 mortality rate		Infant mortality rate (under 1)		Total population (thousands) 1999	Annual no. of births (thousands) 1999	Annual no. of under-5 deaths (thousands) 1999	GNP per capita (US$) 1999	Life expectancy at birth (years) 1999	Total adult literacy rate 1995-99*	Primary school enrolment ratio (gross) 1995-99*	% share of household income 1990-97*	
		1960	1999	1960	1999								lowest 40%	highest 20%
Thailand	**101**	148	30	103	26	60856	997	30	1960	69	94	91	14	53
Togo	**28**	267	143	158	80	4512	185	26	320	49	52	103	–	–
Tonga	**123**	–	22	–	18	98	2	0	1720	–	99	122	–	–
Trinidad and Tobago	**133**	73	20	61	17	1289	18	0	4390	74	98	99	–	–
Tunisia	**101**	254	30	170	24	9460	190	6	2100	70	65	116	16	46
Turkey	**77**	219	48	163	40	65546	1415	68	2900	70	83	92	–	–
Turkmenistan	**64**	150	71	100	52	4384	121	9	660	66	98x	–	16	43
Tuvalu	**71**	–	56	–	40	11	0	0	–	–	98	100	–	–
Uganda	**32**	224	131	133	83	21143	1081	142	320	42	62	122	18	46
Ukraine	**129**	53	21	41	17	50658	482	10	750	69	99	81	13	52
United Arab Emirates	**154**	223	9	149	8	2398	44	0	17870x	75	87	103	–	–
United Kingdom	**165**	27	6	23	6	58744	680	4	22640	78	–	114	20x	40x
United States	**158**	30	8	26	7	276218	3754	30	30600	77	–	102	15	45
Uruguay	**139**	56	17	48	15	3313	58	1	5900	74	97	112	–	–
Uzbekistan	**70**	120	58	84	45	23942	653	38	720	68	99	100	–	–
Vanuatu	**79**	225	46	141	37	186	6	0	1170	68	64x	97	–	–
Venezuela	**119**	75	23	56	20	23706	574	13	3670	73	92	91	13	52
Viet Nam	**89**	219	40	147	31	78705	1654	66	370	68	91	108	19	44
Yemen	**36**	340	119	220	86	17488	821	98	350	59	53	68	17	46
Yugoslavia	**119**	120	23	87	20	10637	136	3	b	73	98	69	–	–
Zambia	**11**	213	202	126	112	8976	377	76	320	41	68	101	12	55
Zimbabwe	**51**	159	90	97	60	11529	354	32	520	43	86	108	10	62

Regional summaries

		1960	1999	1960	1999								lowest 40%	highest 20%
Sub-Saharan Africa		258	173	156	107	595336	24044	4165	503	49	54	74	11	58
Middle East and North Africa		247	63	156	48	332114	9306	585	2106	66	65	93	–	–
South Asia		244	104	148	74	1343623	35691	3701	443	62	56	90	22	39
East Asia and Pacific		212	45	140	35	1856607	32642	1453	1057	69	86	105	16	47
Latin America and Caribbean		153	39	102	31	505986	11456	442	3806	70	88	113	10	61
CEE/CIS and Baltic States		101	35	76	28	476351	6405	224	2180	69	97	98	18	45
Industrialized countries		37	6	31	5	851638	9768	60	26157	78	96	104	19	41
Developing countries		222	90	141	63	4776909	116269	10504	1222	63	74	95	15	51
Least developed countries		283	164	173	104	629587	24022	3943	261	51	53	77	19	44
World		198	82	127	57	5961655	129302	10630	4884	64	77	96	18	43

Countries in each region are listed on page 106

Definitions of the indicators

Under-five mortality rate – Probability of dying between birth and exactly five years of age expressed per 1,000 live births

Infant mortality rate – Probability of dying between birth and exactly one year of age expressed per 1,000 live births

GNP per capita – Gross national product (GNP) is the sum of gross value added by all resident producers, plus any taxes that are not included in the valuation of output, plus net receipts of primary income from non-resident sources. GNP per capita is the gross national product, converted to United States dollars using the World Bank Atlas method, divided by the mid-year population

Life expectancy at birth – The number of years newborn children would live if subject to the mortality risks prevailing for the cross-section of population at the time of their birth

Adult literacy rate – Percentage of persons aged 15 and over who can read and write

Gross primary school enrolment ratio – The number of children enrolled in primary school, regardless of age, divided by the population of the age group that officially corresponds to primary schooling

Income share – Percentage of income received by the 20 per cent of households with the highest income and by the 40 per cent of households with the lowest income

Main data sources

Under-five and infant mortality rates – UNICEF, United Nations Population Division and United Nations Statistics Division

Total population – United Nations Population Division

Births – United Nations Population Division

Under-five deaths – UNICEF

GNP per capita – World Bank

Life expectancy – United Nations Population Division

Adult literacy – United Nations Educational, Scientific and Cultural Organization (UNESCO), including the Education for All 2000 Assessment

School enrolment – United Nations Educational, Scientific and Cultural Organization (UNESCO), including the Education for All 2000 Assessment

Household income – World Bank

Notes

a Range $755 or less
b Range $756 to $2995
c Range $2996 to $9265
d Range $9266 or more

– Data not available
x Indicates data that refer to years or periods other than those specified in the column heading, differ from the standard definition, or refer to only part of a country
* Data refer to the most recent year available during the period specified in the column heading

Table 2: Nutrition

	Under-5 mortality rank	% of infants with low birthweight 1995-99*	% of children (1995-2000*) who are: exclusively breastfed (0-3 months)	breastfed with complementary food (6-9 months)	still breastfeeding (20-23 months)	% of under-fives (1995-2000*) suffering from: underweight moderate & severe	underweight severe	wasting moderate & severe	stunting moderate & severe	Vitamin A supplementation coverage rate (6-59 months) 1998-2000*	% of households consuming iodized salt 1995-2000*
Afghanistan	**4**	20x	25		-	48	-	25	52	-	-
Albania	**91**	7x				-	-				-
Algeria	**87**	9x	48	29	21	13	3	9	18	-	92
Andorra	**161**			-		-	-				-
Angola	**2**	19x	12	70	49	42	14	6	53	-	10
Antigua and Barbuda	**133**	8x				10x	4x	10x	7x	-	-
Argentina	**123**	7		-	-	-	-	-	-	-	90
Armenia	**101**	9	21	34		3	1	3	8		70
Australia	**175**	6x		-		-	-		-	-	-
Austria	**175**	6x					-	-		-	-
Azerbaijan	**81**	6	26	49		10	2	3	22	-	-
Bahamas	**129**		-		-	-	-	-	-		-
Bahrain	**142**	6x	36	69	-	9	2	5	10		-
Bangladesh	**53**	30	53		-	56	21	18	55	73	55
Barbados	**142**	10				5x	1x	4x	7x	-	-
Belarus	**109**	-	-	-		-				-	37x
Belgium	**165**	6x		-		-	-	-			-
Belize	**82**	4	24x	49x		6x	1x	-		-	90x
Benin	**24**	-	15	97	65	29	7	14	25	100	79
Bhutan	**45**	-	-	-		38x		4x	56x	87	82
Bolivia	**55**	5	61	80	32	10	2	2	26	73	91
Bosnia and Herzegovina	**137**					-	-		-		-
Botswana	**69**	11	39			17	5	11	29	-	27x
Brazil	**89**	8	42	30	17	6	1	2	11	20	95
Brunei Darussalam	**154**					-	-		-	-	-
Bulgaria	**139**	6x		-			-				-
Burkina Faso	**13**	21x	5	56	-	36	14	18	31	97	23
Burundi	**19**		89x	66x	73x	37x	11x	9x	43x	15	80x
Cambodia	**35**	-	16	67	54	52	18	13	56	79	7
Cameroon	**26**	13x	16		29	22	5	6	29	-	83
Canada	**165**	6x				-	-	-	-	-	-
Cape Verde	**62**	9x	57	64		14x	2x	5x	16x		1
Central African Rep	**21**	15x	23	-		27	8	7	34		87
Chad	**14**		2	81	62	39	14	14	40	0	55
Chile	**147**	5	74	53		1	-	0	2		100
China	**87**	6	64x		-	10		3	17	-	91
Colombia	**100**	9	16	61	17	8	1	1	15	-	92
Comoros	**54**	8x	5	87	45	26	8	8	34	-	-
Congo	**44**	16x	43x	86x	27x	17x	3x	4x	21x	93	-
Congo, Dem. Rep.	**9**	15x	32	40	64	34	10	10	45	46	90
Cook Islands	**101**	1x	19	-			-	-	-	-	
Costa Rica	**146**	7	35x	47x	12x	5	0	-	6	-	97
Côte d'Ivoire	**22**	12x	4	77	-	24x	6x	8x	24x		-
Croatia	**154**	5	24	-		1	-	1	1	0	90
Cuba	**158**	7	76	66		6	-	4			0
Cyprus	**158**						-				
Czech Rep	**175**	6x				1x	0x	2x	2x	-	-
Denmark	**175**	5x							-	-	-
Djibouti	**27**	11x	-		-	18	6	13	26	41	-
Dominica	**137**	8				5x	0x	2x	6x		-
Dominican Rep	**76**	13	25	47	7	6	1	1	11	16	13
Ecuador	**91**	13x	29x	52x	34x	17x	0x	2x	34x	69	99
Egypt	**73**	10x	60			12	3	6	25	-	84
El Salvador	**83**	13	21	77	40	12	1	1	23	-	91
Equatorial Guinea	**23**		-	-		-	-	-			20
Eritrea	**46**	13x	66	45	50	44	17	16	38	86	80
Estonia	**129**			-		-	-				-

	Under-5 mortality rank	% of infants with low birthweight 1995-99*	% of children (1995-2000*) who are: exclusively breastfed (0-3 months)	breastfed with complementary food (6-9 months)	still breastfeeding (20-23 months)	% of under-fives (1995-2000*) suffering from: underweight moderate & severe	underweight severe	wasting moderate & severe	stunting moderate & severe	Vitamin A supplementation coverage rate (6-59 months) 1998-2000*	% of households consuming iodized salt 1995-2000*
Ethiopia	19	15x	84	-	77	47	16	11	51	49	0
Fiji	123	12x				8x	1x	8x	3x	-	31x
Finland	175	4x									
France	175	5x									
Gabon	28		32								
Gambia	60			8	58	26	5		30		9
Georgia	119										
Germany	175										
Ghana	48	8	36	70	57	25	5	10	26	96	28
Greece	161	6x									
Grenada	110	11	39								
Guatemala	68	15	47	75	45	24	5	3	46	57	49
Guinea	17	13	13					12x	29x	97	37
Guinea-Bissau	12	20x				23x					
Guyana	58	15				12		12	10		
Haiti	33	15x	3x	83x	25x	28	8	8	32	60	10x
Holy See	-										
Honduras	83	9x	42	69	45	25	4	1	39	58	80
Hungary	151	9x				2x	0x	2x	3x		
Iceland	175										
India	49	33x	51x	31x	67x	53x	21x	18x	52x	25	70
Indonesia	73	8	52		65	34	8	13	42	64	64
Iran	79	10	66	38	41	11	2	5	15	35	94
Iraq	34	15x			25	23	6	10	31	89	10
Ireland	161	4x									
Israel	165	7x									
Italy	165	5x									
Jamaica	149	11				5		3	6		100
Japan	187	7x									
Jordan	91	10	16	68	12	5		2	8		95
Kazakhstan	83	9	69			8	1	3	16		53
Kenya	37	16x	17	84	54	22		6	33	10	100
Kiribati	63	3x				13x		11x	28x		
Korea, Dem. People's Rep.	101		97			60		19	60		5x
Korea, Rep. of	175	9x									
Kuwait	147	7x				6x		3x	12x		
Kyrgyzstan	67	6	31		79	11	2	3	25	0	27
Lao People's Dem. Rep.	42	18x	23		57	40x	12x	11x	47x	39	95
Latvia	129										
Lebanon	98	10x	41	47	5	3	0	3	12		92
Lesotho	31	11x	54	47	52	16	4	5	44		73
Liberia	5			17	25						
Libya	123	7x			13	5	1	3	15		90x
Liechtenstein	149										
Lithuania	123										
Luxembourg	175										
Madagascar	24		61	93	49	40	13	7	48	100	73
Malawi	7	20x	11	78	68	30	9	7	48	34	58
Malaysia	154	9				18	1				
Maldives	55	13	8			43	10	17	27		
Mali	5	16	13	33	60	40	17	23	30	93	9
Malta	161										
Marshall Islands	50	14								35	
Mauritania	16	11x	60	64	59	23	8	7	44	80	3x
Mauritius	119	13	16x	29x	-	16	2	15	10	0	0
Mexico	97	7	38x	36x	21x	8	1	2	18	93	97
Micronesia, Fed. States of	117	9x								50	

Table 2: Nutrition

	Under-5 mortality rank	% of infants with low birthweight 1995-99*	% of children (1995-2000*) who are: exclusively breastfed (0-3 months)	breastfed with complementary food (6-9 months)	still breastfeeding (20-23 months)	% of under-fives (1995-2000*) suffering from: underweight moderate & severe	underweight severe	wasting moderate & severe	stunting moderate & severe	Vitamin A supplementation coverage rate (6-59 months) 1998-2000*	% of households consuming iodized salt 1995-2000*
Moldova, Rep. of	**94**	4x	-	-	-	-	-	-	-	-	-
Monaco	**175**	-	-	-	-	-	-	-	-	-	-
Mongolia	**57**	7	93	84	74	10	-	2	22	87	68
Morocco	**72**	9x	31	33	20	9x	2x	2x	23x	75	-
Mozambique	**10**	12	38	87	58	26	9	8	36	-	62
Myanmar	**39**	24x	-	78	75	39	13	-	-	91	65
Namibia	**65**	16x	22x	65x	23x	26x	6x	9x	28x	83	59
Nauru	**101**	-	-	-	-	-	-	-	-	-	-
Nepal	**47**	-	83	63	88	47	12	7	54	51	55
Netherlands	**175**	-	-	-	-	-	-	-	-	-	-
New Zealand	**165**	6x	-	-	-	-	-	-	-	-	-
Nicaragua	**78**	9	29	65	29	12	2	2	25	63	86
Niger	**3**	15x	1	-	47	50	20	21	41	82	64
Nigeria	**15**	16x	22	44	36	31	12	16	34	23	98
Niue	-	-	-	-	-	-	-	-	-	-	-
Norway	**187**	4x	-	-	-	-	-	-	-	-	-
Oman	**142**	8	31	-	-	23	3	13	23	98	61
Pakistan	**39**	25x	16	31	56	26x	-	11x	23x	1	19
Palau	**94**	8x	59	-	-	-	-	-	-	-	-
Panama	**110**	10	32	38	21	7	-	1	14	-	95
Papua New Guinea	**39**	23x	75	74	66	30x	6x	6x	43x	-	-
Paraguay	**98**	5	7	59	15	5	-	1	11	-	83
Peru	**73**	11x	63	83	43	8	1	1	26	-	93
Philippines	**83**	9x	47	-	23	28	-	6	30	71	15
Poland	**151**	-	-	-	-	-	-	-	-	-	-
Portugal	**165**	5x	-	-	-	-	-	-	-	-	-
Qatar	**142**	-	-	-	-	6	-	2	8	-	-
Romania	**117**	7x	-	-	-	6x	1x	3x	8x	-	-
Russian Federation	**123**	7	-	-	-	3	1	4	13	-	30x
Rwanda	**18**	17x	90x	68x	85x	27	11	9	42	75	95
Saint Kitts and Nevis	**108**	13	56	-	-	-	-	-	-	-	100
Saint Lucia	**135**	8	-	-	-	-	-	-	-	-	-
Saint Vincent/Grenadines	**115**	8x	-	-	-	-	-	-	-	-	-
Samoa	**112**	6x	-	-	-	-	-	-	-	-	-
San Marino	**165**	-	-	-	-	-	-	-	-	-	-
Sao Tome and Principe	**58**	7x	-	-	-	16	5	5	26	-	-
Saudi Arabia	**115**	7x	31	60	30	14	3	11	20	-	-
Senegal	**37**	4	16	69	50	22	-	7	23	0	9
Seychelles	**139**	10x	-	-	-	6x	0x	2x	5x	-	-
Sierra Leone	**1**	11x	-	94x	41x	29x	-	9x	35x	-	75
Singapore	**187**	7x	-	-	-	-	-	-	-	-	-
Slovakia	**151**	-	-	-	-	-	-	-	-	-	-
Slovenia	**165**	-	-	-	-	-	-	-	-	-	-
Solomon Islands	**112**	20x	-	-	-	21x	4x	7x	27x	-	-
Somalia	**7**	16x	1	11	7	26	7	12	14	90	-
South Africa	**66**	-	10	-	-	9	1	3	23	-	62
Spain	**165**	4x	-	-	-	-	-	-	-	-	-
Sri Lanka	**135**	25x	24x	60x	66x	34	-	14	18	-	47
Sudan	**43**	15x	14x	45x	44x	34x	11x	13x	33x	80	0
Suriname	**94**	13x	-	-	-	-	-	-	-	-	-
Swaziland	**51**	10x	37	51	20	10x	-	1x	30x	-	26
Sweden	**187**	5x	-	-	-	-	-	-	-	-	-
Switzerland	**187**	5x	-	-	-	-	-	-	-	-	-
Syria	**101**	7	-	50x	-	13	4	9	21	-	40
Tajikistan	**61**	-	-	-	-	-	-	-	-	-	20x
Tanzania	**30**	14x	41	-	-	27	8	6	42	80	74
TFYR Macedonia	**112**	-	45	8	10	-	-	-	-	-	100x

	Under-5 mortality rank	% of infants with low birthweight 1995-99*	% of children (1995-2000*) who are: exclusively breastfed (0-3 months)	% of children (1995-2000*) who are: breastfed with complementary food (6-9 months)	% of children (1995-2000*) who are: still breastfeeding (20-23 months)	% of under-fives (1995-2000*) suffering from: underweight moderate & severe	% of under-fives (1995-2000*) suffering from: underweight severe	% of under-fives (1995-2000*) suffering from: wasting moderate & severe	% of under-fives (1995-2000*) suffering from: stunting moderate & severe	Vitamin A supplementation coverage rate (6-59 months) 1998-2000*	% of households consuming iodized salt 1995-2000*
Thailand	101	6	4	71	27	19x	-	6x	16x	4	50
Togo	28	20x	15	-	77	25	7	12	22	-	73
Tonga	123	7x	-	-	-	-	-	-	-	-	-
Trinidad and Tobago	133	10x	10x	39x	16x	7x	0x	4x	5x	-	-
Tunisia	101	8x	12x	-	16x	4	0	1	8	-	98
Turkey	77	8	9	38	21	8	1	8	16	-	18
Turkmenistan	64	5x	54	-	-	-	-	-	-	-	0
Tuvalu	71	3x	-	-	-	-	-	-	-	-	-
Uganda	32	13	70	64	40	26	7	5	38	95	69
Ukraine	129	-	-	-	-	-	-	-	-	-	4x
United Arab Emirates	154	6x	-	52	29	14	3	15	17	-	-
United Kingdom	165	7x	-	-	-	-	-	-	-	-	-
United States	158	7x	-	-	-	1x	0x	1x	2x	-	-
Uruguay	139	8x	-	-	-	5	1	1	8	-	-
Uzbekistan	70	-	4	-	35	19	5	12	31	-	17
Vanuatu	79	7x	-	-	-	20x	-	-	19x	-	-
Venezuela	119	9x	7	50	31	5x	1x	3x	13x	-	90
Viet Nam	89	17x	29	96	30	39	7	11	34	99	89
Yemen	36	19x	25	79	41	46	15	13	52	100	39
Yugoslavia	119	-	6	35	13	2	0	2	7	25	63
Zambia	11	13x	11	-	39	24	5	4	42	91	90
Zimbabwe	51	10	16x	93x	26x	15	3	6	32	-	80x

Regional summaries

Sub-Saharan Africa	15	34	60	52	31	10	10	37	54	64
Middle East and North Africa	11	42	60	31	17	5	8	24	70	68
South Asia	31	46	32	66	49	21	17	48	27	62
East Asia and Pacific	8	57	-	-	19	-	6	24	-	81
Latin America and Caribbean	9	37	41	23	9	1	2	17	52	88
CEE/CIS and Baltic States	7	-	-	-	7	2	6	16	-	26
Industrialized countries	6	-	-	-	-	-	-	-	-	-
Developing countries	17	44	46	51	29	12	10	33	44	72
Least developed countries	18	42	62	59	40	13	12	45	70	51
World	16	44	46	51	28	11	10	32	44	70

Countries in each region are listed on page 106.

Definitions of the indicators

Low birthweight – Less than 2,500 grams.

Underweight – Moderate and severe – below minus two standard deviations from median weight for age of reference population; severe – below minus three standard deviations from median weight for age of reference population.

Wasting – Moderate and severe – below minus two standard deviations from median weight for height of reference population.

Stunting – Moderate and severe – below minus two standard deviations from median height for age of reference population.

Vitamin A – Percentage of children aged 6-59 months who have received a high dose of vitamin A capsules within the last six months.

Main data sources

Low birthweight – World Health Organization (WHO) and UNICEF.

Breastfeeding – Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and UNICEF.

Underweight, wasting and stunting – Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), World Health Organization (WHO) and UNICEF.

Salt iodization – Multiple Indicator Cluster Surveys (MICS), DHS and UNICEF.

Vitamin A – MICS, DHS and UNICEF field offices.

Notes

– Data not available.

x Indicates data that refer to years or periods other than those specified in the column heading, differ from the standard definition, or refer to only part of a country.

* Data refer to the most recent year available during the period specified in the column heading.

Table 3: Health

	Under-5 mortality rank	% of population using improved drinking water sources 1999			% of population using adequate sanitation facilities 1999			% of routine EPI vaccines financed by government 1997-99*	% fully immunized 1997-99*					ORT use rate (%) 1995-2000*
									1-year-old children				pregnant women	
		total	urban	rural	total	urban	rural	total	TB	DPT	polio	measles	tetanus	
Afghanistan	**4**	13	19	11	12	25	8	0	50	37	38	42	19	36
Albania	**91**	-	-	-	-	-	-	10	93	97	97	85	77	-
Algeria	**87**	94	98	88	73	90	47	100	97	83	83	78	52	98x
Andorra	**161**	100	100	100	100	100	100	-	-	90	90	90	-	-
Angola	**2**	38	34	40	44	70	30	0	65	29	29	49	16	-
Antigua and Barbuda	**133**	91	95	88	96	98	94	100	-	100	100	100	-	-
Argentina	**123**	79	85	30	85	89	48	100	68	86	91	97	36	-
Armenia	**101**	84	-	-	67	-	-	7	93	88	96	84	-	30
Australia	**175**	100	100	100	100	100	100	100	-	88	88	89	-	-
Austria	**175**	100	100	100	100	100	100	-	-	90	95	90	-	-
Azerbaijan	**81**	-	-	-	-	-	-	0	91	93	96	87	-	-
Bahamas	**129**	96	98	86	93	93	94	100x	-	89	88	93	-	-
Bahrain	**142**	-	-	-	-	-	-	100	72	98	98	100	80	39
Bangladesh	**53**	97	99	97	53	82	44	100	95	69	68	66	85	74
Barbados	**142**	100	100	100	100	100	100	100	-	87	86	86	-	-
Belarus	**109**	100	100	100	-	-	-	94	99	98	99	98	-	-
Belgium	**165**	-	-	-	-	-	-	-	-	62	72	64	-	-
Belize	**82**	76	83	69	42	59	21	100	93	87	87	84	65	-
Benin	**24**	63	74	55	23	46	6	100	100	90	90	92	90	75x
Bhutan	**45**	62	86	60	69	65	70	0	90	88	89	77	73	85x
Bolivia	**55**	79	93	55	66	82	38	57	95	87	89	100	27	48
Bosnia and Herzegovina	**137**	-	-	-	-	-	-	35	100	90	90	83	-	-
Botswana	**69**	-	100	-	-	-	-	100	98	85	82	74	56	43
Brazil	**89**	83	89	58	72	81	32	100	99	94	96	96	30	54
Brunei Darussalam	**154**	-	-	-	-	-	-	100	98	92	97	94	45	-
Bulgaria	**139**	100	100	100	100	100	100	-	98	96	97	95	-	-
Burkina Faso	**13**	-	84	-	29	88	16	75	72	37	42	46	30	18
Burundi	**19**	-	96	-	-	79	-	2	71	63	59	47	9	38x
Cambodia	**35**	30	53	25	18	58	10	0	78	64	65	63	33	21
Cameroon	**26**	62	82	42	92	99	85	57	66	48	48	46	44	34
Canada	**165**	100	100	99	100	100	99	-	-	97	-	96	-	-
Cape Verde	**62**	74	64	89	71	95	32	100	75	69	70	61	52	83x
Central African Rep	**21**	60	80	46	31	43	23	0	55	28	34	40	25	35
Chad	**14**	27	31	26	29	81	13	100	57	33	34	49	27	29
Chile	**147**	94	99	66	97	98	93	100	96	93	93	93	-	-
China	**87**	75	94	66	38	68	24	100	85	85	90	85	13x	85x
Colombia	**100**	91	98	73	85	97	51	100	80	74	77	77	57x	53
Comoros	**54**	96	98	95	98	98	98	-	84	75	75	67	22	32
Congo	**44**	51	71	17	-	14	-	0	39	29	29	23	33	41x
Congo, Dem. Rep	**9**	45	89	26	20	53	6	0	22	15	16	15	-	90x
Cook Islands	**101**	100	100	100	100	100	100	100	74	70	70	63	79	-
Costa Rica	**146**	98	98	98	96	98	95	100x	87	85	85	86	-	31x
Côte d'Ivoire	**22**	77	90	65	-	-	-	95	84	61	61	66	44	29
Croatia	**154**	95	-	-	100	-	-	100	96	93	93	92	-	0
Cuba	**158**	95	99	82	95	96	91	97	99	94	98	95	70	-
Cyprus	**158**	100	100	100	100	100	100	-	-	98	98	90	-	-
Czech Rep	**175**	-	-	-	-	-	-	-	99	98	97	95	-	-
Denmark	**175**	100	100	100	-	-	-	-	-	90x	97x	84	-	-
Djibouti	**27**	100	100	100	91	99	50	0	26	23	24	23	14	-
Dominica	**137**	97	100	90	-	-	-	100	100	99	99	99	-	-
Dominican Rep	**76**	79	83	70	71	75	64	89	90	83	84	94	86	39
Ecuador	**91**	71	81	51	59	70	37	100	100	80	70	75	34	60
Egypt	**73**	95	96	94	94	98	91	100	99	94	95	97	66	37
El Salvador	**83**	74	88	61	83	88	78	100	72	94	92	75	70	57
Equatorial Guinea	**23**	43	45	42	53	60	46	95	99	81	81	82	70	-
Eritrea	**46**	46	63	42	13	66	1	0	64	56	56	55	28	38
Estonia	**129**	-	-	-	-	93	-	-	100	94	94	89	-	-

	Under-5 mortality rank	% of population using improved drinking water sources 1999			% of population using adequate sanitation facilities 1999			% of routine EPI vaccines financed by government 1997-99*	% fully immunized 1997-99*					ORT use rate (%) 1995-2000*
									1-year-old children				pregnant women	
		total	urban	rural	total	urban	rural	total	TB	DPT	polio	measles	tetanus	
Ethiopia	**19**	24	77	13	15	58	6	10	80	64	64	53	35	19
Fiji	**123**	47	43	51	43	75	12	50x	95	86	88	75	-	-
Finland	**175**	100	100	100	100	100	100	-	99	99	98	98x	-	-
France	**175**	-	-	-	-	-	-	-	83x	96x	97	97	83	-
Gabon	**28**	70	73	55	21	25	4	-	60	31	31	30	25	39
Gambia	**60**	62	80	53	37	41	35	60	97	87	88	88	96	99x
Georgia	**119**	76	89	61	99	99	99	30	92	80	80	73	-	14
Germany	**175**	-	-	-	-	-	-	-	-	95	95	88	80x	-
Ghana	**48**	64	87	49	63	62	64	100	88	72	72	73	52	36
Greece	**161**	-	-	-	-	-	-	-	70	85	95	90	-	-
Grenada	**110**	94	97	93	97	96	97	100	-	88	87	94	-	-
Guatemala	**68**	92	97	88	85	98	76	100	88	89	91	81	38	34
Guinea	**17**	48	72	36	58	94	41	21	76	46	43	52	48	40
Guinea-Bissau	**12**	49	29	55	47	88	34	0	25	6	12	19	13	-
Guyana	**58**	94	98	91	87	97	81	90	91	83	83	86	82	-
Haiti	**33**	46	49	45	28	50	16	25	59	61	60	84	38	41
Holy See	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	**83**	90	97	82	77	94	57	100	93	95	95	98	100	30
Hungary	**151**	99	100	98	99	100	98	-	100	100	100	100	-	-
Iceland	**175**	-	-	-	-	-	-	-	98x	98x	99x	98x	-	-
India	**49**	88	92	86	31	73	14	98	72	69	69	55	73	67x
Indonesia	**73**	76	91	65	66	[illegible]	52	100	97	64	74	71	81	70
Iran	**79**	95	99	89	81	86	74	100	99	100	100	99	48	48
Iraq	**34**	85	96	48	79	93	31	100	85	90	89	94	51	54x
Ireland	**161**	-	-	-	-	-	-	-	-	-	-	-	-	-
Israel	**165**	-	-	-	-	-	-	-	-	93	92	94	-	-
Italy	**165**	-	-	-	-	-	-	-	-	95	96	55	-	-
Jamaica	**149**	71	81	59	84	98	66	100	89	84	84	82	52	-
Japan	**187**	-	-	-	-	-	-	-	91x	100x	98x	94x	-	-
Jordan	**91**	96	100	84	99	100	98	100	-	85	85	83	18	29
Kazakhstan	**83**	91	98	82	99	100	98	100	99	98	92	87	-	32
Kenya	**37**	49	87	31	86	96	81	31	96	79	81	79	51	69
Kiribati	**63**	47	82	25	48	54	44	100	70	78	77	62	39	-
Korea, Dem. People's Rep.	**101**	100	100	100	99	99	100	-	64	37	77	34	5	81
Korea, Rep. of	**175**	92	97	71	63	76	4	-	99	94	94	96	71	-
Kuwait	**147**	-	-	-	-	-	-	100	-	94	94	96	70	-
Kyrgyzstan	**67**	77	98	66	100	100	100	20	98	98	98	97	-	44
Lao People's Dem. Rep.	**42**	90	59	100	46	84	34	0	63	56	64	71	36	32
Latvia	**129**	-	-	-	-	-	-	-	100	94	94	97	-	-
Lebanon	**98**	100	100	100	99	100	87	75	-	94	94	81		82x
Lesotho	**31**	91	98	88	92	93	92	40	68	64	60	55	-	84x
Liberia	**5**	-	-	-	-	-	-	0	43	23	25	35	14	0
Libya	**123**	72	72	68	97	97	96	2	100	97	95	92	-	-
Liechtenstein	**149**	-	-	-	-	-	-	-	-	-	-	-	-	-
Lithuania	**123**	-	-	-	-	-	-	-	99	93	88	97		-
Luxembourg	**175**	-	-	-	-	-	-	-	58	94	98	91	-	-
Madagascar	**24**	47	85	31	42	70	30	30	66	48	48	46	35	23
Malawi	**7**	57	95	44	77	96	70	2	92	94	93	90	97	70
Malaysia	**154**	95	96	90	98	99	98	100	98	90	89	88	81	-
Maldives	**55**	100	100	100	56	100	41	30	98	97	98	97	95	18
Mali	**5**	65	74	61	69	93	58	40	84	52	52	57	62	16
Malta	**161**	100	100	100	100	100	100		96x	92	92	60	-	-
Marshall Islands	**50**	-	-	-	-	-	-	100x	81	66	86	93	-	-
Mauritania	**16**	37	34	40	33	44	19	100	76	19	19	56	13	51
Mauritius	**119**	100	100	100	99	100	99	100	87	85	86	80	75	-
Mexico	**97**	86	94	63	73	87	32	100	100	87	97	98	67	80
Micronesia, Fed. States of	**117**	-	-	-	-	-	-	10	52	76	76	79	-	-

Table 3: Health

	Under-5 mortality rank	% of population using improved drinking water sources 1999			% of population using adequate sanitation facilities 1999			% of routine EPI vaccines financed by government 1997-99*	% fully immunized 1997-99*					ORT use rate (%) 1995-2000*
									1-year-old children				pregnant women	
		total	urban	rural	total	urban	rural	total	TB	DPT	polio	measles	tetanus	
Moldova, Rep. of	**94**	100	100	100	-	100	-	0	100	97	98	99	-	-
Monaco	**175**	100	100	100	100	100	100	-	90x	99x	99x	98x	-	-
Mongolia	**57**	60	77	30	30	46	2	40	97	90	89	86	-	80
Morocco	**72**	82	100	58	75	100	42	100	90	94	94	93	36	29
Mozambique	**10**	60	86	43	43	69	26	0	100	81	81	90	53	49
Myanmar	**39**	68	88	60	46	65	39	0	90	75	88	86	64	96x
Namibia	**65**	77	100	67	41	96	17	100	80	72	72	65	81	-
Nauru	**101**	-	-	-	-	-	-	-	78	50	36	100	-	-
Nepal	**47**	81	85	80	27	75	20	55	86	76	70	73	65	29
Netherlands	**175**	100	100	100	100	100	100	-	-	97	97	96	-	-
New Zealand	**165**	-	100	-	-	-	-	100	-	88	85	82	-	-
Nicaragua	**78**	79	95	59	84	96	68	80	100	90	93	71	100	58
Niger	**3**	59	70	56	20	79	5	100	36	21	21	25	19	21
Nigeria	**15**	57	81	39	63	85	45	100	27	21	22	26	29	32
Niue	-	100	100	100	100	100	100	25x	100	100	100	100	40	-
Norway	**187**	100	100	100	-	-	-	-	-	92x	92x	93x	-	-
Oman	**142**	39	41	30	92	98	61	100	98	99	100	99	97	61
Pakistan	**39**	88	96	84	61	94	42	100	73	58	58	54	51	48
Palau	**94**	79	100	20	100	100	100	-	-	96	96	96	-	-
Panama	**110**	87	88	86	94	99	87	100	99	98	99	96	-	94x
Papua New Guinea	**39**	42	88	32	82	92	80	0	70	56	45	57	14	35
Paraguay	**98**	79	95	58	95	95	95	100	87	77	73	72	32	33
Peru	**73**	77	87	51	76	90	40	96	72	98	96	92	57	60
Philippines	**83**	87	92	80	83	92	71	100	91	79	81	71	38	64
Poland	**151**	-	-	-	-	-	-	-	94x	95x	95	91x	-	-
Portugal	**165**	-	-	-	-	-	-	-	88	97	96	96	-	-
Qatar	**142**	-	-	-	-	-	-	100	100	94	94	90	-	54x
Romania	**117**	58	91	16	53	86	10	100	100	97	98	98	-	-
Russian Federation	**123**	99	100	96	-	-	-	100	100	92	97	97	-	-
Rwanda	**18**	41	60	40	8	12	8	0	94	85	85	78	83	47x
Saint Kitts and Nevis	**108**	98	-	-	96	-	-	100	100	100	100	99	-	-
Saint Lucia	**135**	98	-	-	-	-	-	100	100	89	89	95	28	-
Saint Vincent/Grenadines	**115**	93	-	-	96	-	-	100	99	99	99	99	-	-
Samoa	**112**	99	95	100	99	95	100	100	99	98	98	91	91	-
San Marino	**165**	-	-	-	-	-	-	-	97x	98x	100x	96x	-	-
Sao Tome and Principe	**58**	-	-	-	-	-	-	-	80	73	72	59	31	74x
Saudi Arabia	**115**	95	100	64	100	100	100	100	92	93	93	92	66	53
Senegal	**37**	78	92	65	70	94	48	100x	90	60	57	60	45	39
Seychelles	**139**	-	-	-	-	-	-	100	100	99	99	99	99	-
Sierra Leone	**1**	28	23	31	28	23	31	0	55	22	72	29	25	-
Singapore	**187**	100	100	-	100	100	-	100	98	94	95	86	-	-
Slovakia	**151**	100	100	100	100	100	100	-	92	99	99	99	-	-
Slovenia	**165**	100	100	100	-	-	-	-	98	91	90	93	-	-
Solomon Islands	**112**	71	94	65	34	98	18	100	99	86	84	96	55	-
Somalia	**7**	-	-	-	-	-	-	0	39	18	18	26	16	44
South Africa	**66**	86	92	80	86	99	73	100	97	76	72	82	26	58
Spain	**165**	-	-	-	-	-	-	-	-	88x	81x	78x	-	-
Sri Lanka	**135**	83	91	80	83	91	80	100	97	99	99	95	91	34x
Sudan	**43**	75	86	69	62	87	48	25	100	88	87	88	62	31
Suriname	**94**	95	94	96	83	100	34	100x	-	85	84	85	-	-
Swaziland	**51**	-	-	-	-	-	-	100	94	96	96	72	96	99x
Sweden	**187**	100	100	100	100	100	100	-	12x	99x	99x	96x	-	-
Switzerland	**187**	100	100	100	100	100	100	-	-	-	-	-	-	-
Syria	**101**	80	94	64	90	98	81	100	100	97	97	97	94	61
Tajikistan	**61**	-	-	-	-	-	-	0	98	94	95	95	-	-
Tanzania	**30**	54	80	42	90	98	86	10	93	82	81	78	77	55
TFYR Macedonia	**112**	99	99	99	93	99	83	9	99	98	98	92	-	19

	Under-5 mortality rank	% of population using improved drinking water sources 1999			% of population using adequate sanitation facilities 1999			% of routine EPI vaccines financed by government 1997-99*	% fully immunized 1997-99*					ORT use rate (%) 1995-2000*
									1-year-old children				pregnant women tetanus	
		total	urban	rural	total	urban	rural	total	TB	DPT	polio	measles		
Thailand	**101**	80	89	77	96	97	96	100	98	97	97	94	90	95
Togo	**28**	54	85	38	34	69	17	0	63	48	48	47	48	23
Tonga	**123**	100	100	100	-	-	-	50x	100	94	94	97	95	-
Trinidad and Tobago	**133**	86	-	-	88	-	-	100	-	91	91	89	-	-
Tunisia	**101**	-	-	-	-	-	-	100	99	100	100	93	80	81
Turkey	**77**	83	82	84	91	98	70	100x	78	79	79	80	36	27
Turkmenistan	**64**	58	91	31	100	100	100	60	99	98	98	97	-	98
Tuvalu	**71**	100	100	100	100	100	100	70x	100	84	83	94	-	-
Uganda	**32**	50	72	46	75	96	72	8	83	54	55	53	49	49
Ukraine	**129**	-	-	-	-	-	-	2	99	99	99	99	-	-
United Arab Emirates	**154**	-	-	-	-	-	-	100	98	94	94	95	-	42
United Kingdom	**165**	100	100	100	100	100	100	-	99	95	96	95	-	-
United States	**158**	100	100	100	100	100	100	-	-	90	94	91	-	-
Uruguay	**139**	98	98	93	95	96	89	100	99	93	93	93	-	-
Uzbekistan	**70**	85	96	78	100	100	100	50	97	99	99	96	-	37
Vanuatu	**79**	88	63	94	100	100	100	90	99	93	87	94	78	-
Venezuela	**119**	84	88	58	74	75	69	100	95	77	86	78	88	-
Viet Nam	**89**	56	81	50	73	86	70	75	95	93	93	94	85	51
Yemen	**36**	69	85	64	45	87	31	38	78	72	72	74	26	35
Yugoslavia	**119**	-	-	-	-	-	-	100	87	94	95	94	-	99x
Zambia	**11**	64	88	48	78	99	64	0	87	92	92	72	55	57
Zimbabwe	**51**	85	100	77	68	99	51	100	88	81	81	79	58	68

Regional summaries

Sub-Saharan Africa	54	82	40	54	80	41	45	65	50	50	51	42	44
Middle East and North Africa	88	96	79	81	94	65	85	94	91	91	91	55	49
South Asia	87	92	85	37	76	21	94	74	67	67	56	69	63
East Asia and Pacific	75	93	66	49	75	35	93	88	81	87	82	34	79
Latin America and Caribbean	84	91	63	76	86	47	97	92	88	91	91	51	59
CEE/CIS and Baltic States	91	95	80	-	-	-	73	93	92	93	92	-	-
Industrialized countries	100	100	100	100	100	-	-	-	93	94	89	-	-
Developing countries	78	91	70	52	81	34	83	80	72	74	70	50	62
Least developed countries	61	80	54	43	73	33	30	74	58	59	58	51	50
World	81	93	71	57	84	36	83	81	75	76	72	51	62

Countries in each region are listed on page 106.

Definitions of the indicators

Government funding of vaccines – Percentage of vaccines routinely administered in a country to protect children that are financed by the national government (including loans).

EPI – Expanded Programme on Immunization: The immunizations in this programme include those against TB, DPT, polio and measles, as well as protecting babies against neonatal tetanus by vaccination of pregnant women. Other vaccines (e.g. against hepatitis B or yellow fever) may be included in the programme in some countries.

DPT – Diphtheria, pertussis (whooping cough) and tetanus.

ORT use – Percentage of all cases of diarrhoea in children under five years of age treated with oral rehydration salts and/or recommended home fluids.

Main data sources

Use of improved drinking water sources and adequate sanitation facilities – UNICEF, World Health Organization (WHO), Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS).

Government funding of vaccines – UNICEF and WHO.

Immunization – UNICEF, WHO, DHS and MICS.

ORT use – UNICEF, DHS and MICS.

Notes

- Data not available.

x Indicates data that refer to years or periods other than those specified in the column heading, differ from the standard definition or refer to only part of a country.

* Data refer to the most recent year available during the period specified in the column heading.

Table 4: Education

	Under-5 mortality rank	Adult literacy rate				No. of sets per 1000 population 1997		Primary school enrolment ratio				Net primary school attendance (%) (1990-99*)		% of primary school entrants reaching grade 5 1995-97*	Secondary school enrolment ratio 1995-97* (gross)	
		1980		1995-99*				1995-99* (gross)		1995-99* (net)						
		male	female	male	female	radio	television	male	female	male	female	male	female		male	female
Afghanistan	**4**	30	6	46	16	132	13	53	5	42x	15x	36	11	49	32	11
Albania	**91**	-	-	-	-	259	129	106	108	100	100	-	-	82x	37	38
Algeria	**87**	55	26	73	54	242	105	97	93	94	91	95	90	95	65	62
Andorra	**161**	-	-	-	-	227	391	-	-	-	-	-	-	-	-	-
Angola	**2**	16x	7x	56x	29x	54	13	95x	88x	-	-	-	-	34x	-	-
Antigua and Barbuda	**133**	-	-	80	83	542	463	-	-	-	-	-	-	-	-	-
Argentina	**123**	94	94	97	96	681	223	110	108	96x	96x	-	-	94	73	81
Armenia	**101**	-	-	100	99	239	232	92	98	-	-	-	-	-	85x	91x
Australia	**175**	-	-	-	-	1391	554	101	101	95	95	-	-	99x	150	155
Austria	**175**	-	-	-	-	751	525	104	103	90	91	-	-	96	105	102
Azerbaijan	**81**	-	-	99	96	23	22	97	96	89	90	-	-	98	73	81
Bahamas	**129**	93	94	95	96	739	230	99	99	99	99	-	-	78	88x	91x
Bahrain	**142**	79	59	87	73	580	472	103	104	96	98	-	-	99	91	98
Bangladesh	**53**	41	17	63	48	50	6	98	95	80	83	75	76	70	25x	13x
Barbados	**142**	97	94	98	97	888	285	102	100	100	100	-	-	-	90x	80x
Belarus	**109**	99	91	100	97	292	243	101	96	87x	84x	-	-	96	91	95
Belgium	**165**	99x	99x	-	-	797	466	104	102	99	98	-	-	-	142	151
Belize	**82**	-	-	75	75	591	183	105	98	90	86	-	-	72	47x	52x
Benin	**24**	26	10	43	19	110	11	91	60	75	50	52	34	64	24	10
Bhutan	**45**	41	15	56	28	19	6	82	62	58	47	-	-	86	7x	2x
Bolivia	**55**	80	59	92	78	675	116	99	95	95x	87x	95x	95x	47	40x	34x
Bosnia and Herzegovina	**137**	-	-	98	89	267	0	100	30	100	100	-	-	-	-	-
Botswana	**69**	56	59	70	75	154	20	119	118	98	99	-	-	86	61	68
Brazil	**89**	76	73	86	85	434	223	100x	96x	-	-	93x	94x	71	31x	36x
Brunei Darussalam	**154**	85	68	93	85	302	250	109	104	90x	91x	-	-	95	71	82
Bulgaria	**139**	97	93	99	98	537	394	100	99	98	98	-	-	91	77	76
Burkina Faso	**13**	18	4	29	10	34	9	48	33	40	28	38	28	68	11x	6x
Burundi	**19**	41	16	48	27	69	4	68	55	38	37	-	-	74x	9	5
Cambodia	**35**	74x	23x	79	58	128	9	95	84	82	74	-	-	45	30	18
Cameroon	**26**	59	30	73	53	163	32	88	74	82x	71x	71x	70x	51x	32x	22x
Canada	**165**	-	-	-	-	1067	710	103	101	96	94	-	-	99x	105	105
Cape Verde	**62**	65	40	81	61	183	4	122	114	100	97	-	-	91	54	56
Central African Rep	**21**	36	12	54	27	83	5	70	50	51	27	70	55	24x	15x	6x
Chad	**14**	47	19	44	22	236	1	83	46	65	39	44	29	59	15	4
Chile	**147**	92	91	96	96	354	215	104	102	88	88	-	-	100	72	76
China	**87**	78	51	91	77	335	321	105	104	99	99	95	94	91	72	65
Colombia	**100**	85	84	91	92	524	115	103	103	-	-	90	91	59	70	75
Comoros	**54**	56	41	78	70	141	2	99	85	65	55	45x	42x	48	21x	16x
Congo	**44**	64	38	83	67	126	12	82	75	99x	93x	-	-	55	62	45
Congo, Dem. Rep	**9**	75	45	83	54	376	135	70	51	66	51	59	53	64	32x	19x
Cook Islands	**101**	-	-	-	99x	711	193	113	110	99	97	-	-	61	-	-
Costa Rica	**146**	92	92	95	95	261	140	109	108	93	93	-	-	89	47	50
Côte d'Ivoire	**22**	32	13	63	37	161	64	82	60	63	47	59x	46x	70	33	16
Croatia	**154**	97	88	99	96	337	272	94	97	93	96	-	-	98x	81	83
Cuba	**158**	92	92	96	96	352	239	97	97	94	95	-	-	95	76	85
Cyprus	**158**	96	84	98	93	406	325	100	100	96	96	-	-	100	96	99
Czech Rep	**175**	-	-	-	-	803	531	105	103	87	87	-	-	100x	97	100
Denmark	**175**	-	-	-	-	1145	594	102	101	99	99	-	-	100x	120	122
Djibouti	**27**	45	18	60	33	84	45	45	33	39	28	73x	62x	83	17	12
Dominica	**137**	-	-	-	-	647	78	93	105	89	89	-	-	89	-	-
Dominican Rep	**76**	75	73	82	81	178	95	93x	93x	84	85	91x	93x	58x	34x	47x
Ecuador	**91**	85	78	91	86	348	130	99	98	90	91	-	-	72	53x	55x
Egypt	**73**	54	25	64	38	317	119	103	96	94	89	83	72	92	80	70
El Salvador	**83**	71	62	79	73	465	677	94	94	78	78	-	-	77	30	35
Equatorial Guinea	**23**	76	44	89	67	428	10	139	118	89	89	-	-	-	-	-
Eritrea	**46**	-	-	-	10	100	0	64	54	40	35	39x	35x	71	24	17
Estonia	**129**	-	-	98	98	698	418	95	93	87	86	-	-	96x	100	108

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	Under-5 mortality rank	Adult literacy rate				No. of sets per 1000 population 1997		Primary school enrolment ratio				Net primary school attendance (%) (1990-99*)		% of primary school entrants reaching grade 5 1995-99*	Secondary school enrolment ratio 1995-97* (gross)	
		1980		1995-99*				1995-99* (gross)		1995-99* (net)						
		male	female	male	female	radio	television	male	female	male	female	male	female		male	female
Ethiopia	**19**	28	11	40	27	202	6	52	31	43	28	-	-	51	14	10
Fiji	**123**	87	78	94	89	636	27	111	110	99	100	-	-	92	64x	65x
Finland	**175**	-	-	-	-	1498	622	98	99	98	98	-	-	100	110	125
France	**175**	99x	98x	-	-	946	595	106	104	100	100	-	-	99x	112	111
Gabon	**28**	54	28	74	53	183	55	134	130	82	83	87	86	59	-	-
Gambia	**60**	37	13	38	24	165	4	78	66	64	55	51	43	74	30	19
Georgia	**119**	-	-	100	100	590	502	95	95	95	95	-	-	98	78	76
Germany	**175**	-	-	-	-	948	567	104	104	86	87	-	-	100x	105	103
Ghana	**48**	57	30	75	53	236	93	82	72	-	-	75	74	80x	45x	29x
Greece	**161**	96	86	98	94	475	240	93	93	90	90	-	-	100x	95	96
Grenada	**110**	-	-	-	-	615	353	133	118	98	97	-	-	-	-	-
Guatemala	**68**	62	46	74	63	79	61	100	89	81	75	75	69	51	26	24
Guinea	**17**	34	11	50	22	49	12	68	40	49	30	39	26	78	20	7
Guinea-Bissau	**12**	32	7	48	16	43	-	85	52	58x	32x	-	-	20x	9x	4x
Guyana	**58**	96	93	99	97	498	55	91	86	89	84	-	-	91	73	78
Haiti	**33**	34	28	47	42	53	5	128	124	56	56	68x	69x	41	21x	20x
Holy See	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	**83**	63	59	70	69	410	95	96	98	85	86	-	-	58	29x	37x
Hungary	**151**	99	99	100	99	690	435	104	102	97	96	-	-	98x	96	99
Iceland	**175**	-	-	-	-	950	358	98	98	98	98	-	-	99x	109	108
India	**49**	55	25	71	44	120	65	99	82	78	64	75	61	52	59	39
Indonesia	**73**	78	58	90	78	155	68	117	110	97	93	94	94	85	55	48
Iran	**79**	62	40	82	69	263	71	111	102	99	94	99	93	95	81	73
Iraq	**34**	55	25	71	45	229	83	110	95	98	88	88	80	72x	51	32
Ireland	**161**	-	-	-	-	697	402	103	102	100	100	-	-	97	113	122
Israel	**165**	95	88	97	93	524	288	96x	96x	-	-	-	-	100x	84x	89x
Italy	**165**	97	95	99	98	880	528	101	100	100	100	-	-	99	94	95
Jamaica	**149**	73	81	69	81	483	183	96	92	89	87	-	-	96x	63x	67x
Japan	**187**	100x	99x	-	-	956	686	101	102	100x	100x	-	-	100x	99x	100x
Jordan	**91**	82	54	93	81	271	82	93	93	86	86	91	91	98	52x	54x
Kazakhstan	**83**	-	-	99	99	395	237	100	100	100	100	87	83	92	80	89
Kenya	**37**	71	43	86	69	108	26	89	88	92x	89x	86x	85x	68x	26	22
Kiribati	**63**	-	-	-	92	212	15	-	-	-	-	-	-	95	-	-
Korea, Dem. People's Rep.	**101**	-	-	100	100	146	52	108x	101x	-	-	-	-	100	-	-
Korea, Rep. of	**175**	97	89	99	98	1039	348	98	99	97	98	-	-	99	102	102
Kuwait	**147**	73	59	95	83	678	505	101	97	89	85	-	-	97	65	65
Kyrgyzstan	**67**	-	-	99	95	113	45	98	98	98	97	89	90	89	75	83
Lao People's Dem. Rep.	**42**	56	28	74	48	145	10	125	103	80	72	70	67	57	34	23
Latvia	**129**	100	98	100	99	715	496	101	100	88	92	-	-	96	82	85
Lebanon	**98**	83	53	91	77	907	375	113	108	-	-	-	-	91	78	85
Lesotho	**31**	58	83	70	92	52	27	96	92	55	65	71x	79x	68	25	36
Liberia	**5**	42	14	36	18	329	29	72	53	43	31	59x	53x	-	31x	12x
Libya	**123**	71	31	87	67	259	140	110x	110x	97x	96x	-	-	-	95x	95x
Liechtenstein	**149**	-	-	100x	100x	658	364	-	-	-	-	-	-	-	-	-
Lithuania	**123**	98	95	100	99	513	459	99	96	-	-	-	-	98	85	88
Luxembourg	**175**	-	-	-	-	683	391	88x	94x	84x	86x	-	-	-	72x	76x
Madagascar	**24**	56x	43x	50	44	209	22	104	103	67	69	58	60	40	16	16
Malawi	**7**	64	27	56	34	258	-	142	128	100x	100x	83	83	34	21	12
Malaysia	**154**	80	60	89	79	434	172	95	96	95	96	-	-	99	58	66
Maldives	**55**	92	91	98	99	129	28	125	122	93	92	-	-	98	49x	49x
Mali	**5**	19	8	48	12	55	4	60	40	47	33	45	36	84	14	7
Malta	**161**	83	84	90	91	669	735	108	107	100	100	-	-	100	86	82
Marshall Islands	**50**	-	-	-	90x	-	-	134	133	100	100	-	-	-	-	-
Mauritania	**16**	41	18	60	33	146	25	88	79	61	53	55	53	66	21	11
Mauritius	**119**	81	67	86	78	371	228	105	106	97	99	-	-	100	63	66
Mexico	**97**	86	80	92	87	329	272	107	117	100	100	-	-	85	64	64
Micronesia, Fed. States of	**117**	-	-	-	79x	-	-	-	-	-	-	-	-	-	-	-

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Table 4: Education

	Under-5 mortality rank	Adult literacy rate				No. of sets per 1000 population 1997		Primary school enrolment ratio				Net primary school attendance (%) (1990-99*)		% of primary school entrants reaching grade 5 1995-99*	Secondary school enrolment ratio 1995-97* (gross)	
		1980		1995-99*				1995-99* (gross)		1995-99* (net)						
		male	female	male	female	radio	television	male	female	male	female	male	female		male	female
Moldova, Rep. of	**94**	96	88	99	97	736	288	96	95	-	-	-	-	93	78	81
Monaco	**175**	-	-	-	-	1039	768	-	-	-	-	-	-	98x	-	-
Mongolia	**57**	82	63	97	97	142	47	103	103	93	94	-	-	-	48	65
Morocco	**72**	42	16	58	31	247	115	94	76	77	64	61x	45x	75	44	34
Mozambique	**10**	44	12	55	23	40	5	86	65	47	40	53	47	46	9	5
Myanmar	**39**	86	56	88	[illegible]	96	6	102	99	-	-	85	85	45	29x	30x
Namibia	**65**	71	61	80	77	143	37	126	126	84	88	74x	79x	84	56	66
Nauru	**101**	-	-	93	96	609	46	104	98	99	97	-	-	-	-	-
Nepal	**47**	38	7	53	28	38	6	140	104	79	60	80	60	44	49x	25x
Netherlands	**175**	-	-	-	-	980	519	109	107	100	99	-	-	-	134	129
New Zealand	**165**	-	-	-	-	997	512	101	101	100	100			97	110	116
Nicaragua	**78**	61	61	65	67	265	68	101	104	76	79	69x	74x	51	45	53
Niger	**3**	14	3	21	7	70	13	36	22	30	19	31x	21x	66	9	5
Nigeria	**15**	45	22	66	47	226	66	75	65	38	33	60	58	80x	33x	28x
Niue	-	-	-	-	99x	586		100	100	100	100			-	-	-
Norway	**187**	-	-	-	-	917	462	100	100	100	100		-	100x	121	116
Oman	**142**	52	16	79	57	607	694	100	95	86	86	91	89	95	68	65
Pakistan	**39**	41	14	57	33	94	22	99	69	84	60	71	62	50	33x	17x
Palau	**94**	-		-	97x	663	608	-	-		-			-	-	-
Panama	**110**	86	85	93	92	299	187	106x	102x	91x	91x		-	82x	60x	65x
Papua New Guinea	**39**	70	45	81	63	91	9	42	66	79x	67x	32x	31x	60	17	11
Paraguay	**98**	89	82	93	90	182	101	113	110	91	92	93x	93x	71	42	45
Peru	**73**	88	71	96	89	273	126	123	121	100	100	87x	87x	87	72	67
Philippines	**83**	90	88	94	94	161	52	118	119	98	93	81x	85x	69	71x	75x
Poland	**151**	99	99	99	99	522	337	97	95	95	94	-	-	98x	98	97
Portugal	**165**	87	77	93	87	306	336	130	124	100	100	-	-	97	102x	111x
Qatar	**142**	72	65	84	81	450	404	106	100	96	92	-	-	88	81	79
Romania	**117**	98	92	99	96	319	233	101	99	92	91	-	-	96	79	78
Russian Federation	**123**	99	93	100	99	417	410	108x	107x	93x	93x	-	-	-	83x	91x
Rwanda	**18**	51	29	56	50	101	0	88	88	67	68	61x	61x	60x	12x	9x
Saint Kitts and Nevis	**108**	-	-	-	-	701	264	101	94	92	86	-	-	-	-	-
Saint Lucia	**135**	-	-	-	-	746	213	121	119	-	-	-	-	95x	-	-
Saint Vincent/Grenadines	**115**				-	690	163	99	83	90	78	-	-	-	-	-
Samoa	**112**	-	-	-	98x	1035	61	95	92	94	91	-	-	84	59	66
San Marino	**165**	-	-			620x	358x	-		-		-	-	100	-	-
Sao Tome and Principe	**58**	-	-	85x	62x	272	163	-	-			-	-	-	-	-
Saudi Arabia	**115**	65	32	91	70	321	262	97	90	81	73	-	-	96	65	57
Senegal	**37**	31	12	43	23	141	41	73	58	65	55	48	42	82	20	12
Seychelles	**139**	-	-	87	89	560	145	101	101	100	100	-	-	100	-	-
Sierra Leone	**1**	30	9	45	18	253	12	59x	41x	-	-	-	-	-	22x	13x
Singapore	**187**	92	74	96	86	744	388	95	93	93x	92x	-	-	100x	70	77
Slovakia	**151**	-	-	-	-	581	488	99	98	-	-	-	-	97x	92	96
Slovenia	**165**	100	99	100	100	403	356	98	98	95	94	-	-	98x	90	93
Solomon Islands	**112**	-	-	-	56x	141	6	104x	90x	-	-	-	-	81	21x	14x
Somalia	**7**	8x	1x	36x	14x	53	15	18x	9x	13x	7x	21x	13x	-	10x	6x
South Africa	**66**	78	75	67	66	355	134	98	86	88	86	-	-	65x	76	91
Spain	**165**	97	92	98	96	331	409	110	108	100	100	-	-	98x	116	128
Sri Lanka	**135**	91	79	92	88	211	84	103	101	-	-	-	-	97	71	78
Sudan	**43**	48	18	67	47	272	86	48	43	43	37	59x	52x	76	21	19
Suriname	**94**	92	84	95	91	728	153	129x	125x	100x	100x	-	-	99x	50x	58x
Swaziland	**51**	64	56	81	78	168	23	119	112	100	100	-	-	81	55	54
Sweden	**187**	-	-	-	-	932	519	103	103	100	100	-	-	97	128	153
Switzerland	**187**	-		82x	80x	979	457	108x	107x	96	96	-	-	100x	94x	88x
Syria	**101**	72	34	91	73	278	70	98	93	96	92	98	95	92	45	40
Tajikistan	**61**	97	92	93	88	143	3	96	94	-	-	-	-	-	81	72
Tanzania	**30**	65	34	87	82	280	3	77	76	56	57	61x	68x	81	6	5
TFYR Macedonia	**112**	-	-	97x	91x	206	257	100	98	97	96	-	-	95	64	62

	Under-5 mortality rank	Adult literacy rate				No. of sets per 1000 population 1997		Primary school enrolment ratio				Net primary school attendance (%) (1990-99*)		% of primary school entrants reaching grade 5 1995-99*	Secondary school enrolment ratio 1995-97* (gross)	
		1980		1995-99*				1995-99* (gross)		1995-99* (net)						
		male	female	male	female	radio	television	male	female	male	female	male	female		male	female
Thailand	**101**	92	83	96	92	234	254	93	90	82	79	-	-	97	38x	37x
Togo	**28**	48	18	67	33	219	17	125	99	85	61	73x	64x	60	40	14
Tonga	**123**	-	-	-	99x	619	21	124	120	98	93	-	-	92	-	-
Trinidad and Tobago	**133**	97	93	99	97	533	333	99	98	88	88	-	-	96	72	75
Tunisia	**101**	61	32	76	53	224	100	119	112	97	94	-	-	92	66	63
Turkey	**77**	81	50	94	74	178	330	98	86	93	82	74	71	99	68	48
Turkmenistan	**64**	-	-	99x	97x	289	194	-	-	-	-	81x	80x	-	-	-
Tuvalu	**71**	-	-	98	98	384	-	100	100	100	100	-	-	96	-	-
Uganda	**32**	60	31	74	50	130	16	129	114	92	83	65x	63x	55x	15	9
Ukraine	**129**	-	-	98	99	882	353	87x	86x	-	-	-	-	98x	88x	94x
United Arab Emirates	**154**	72	64	85	93	355	134	104	102	98	98	-	-	95	77	82
United Kingdom	**165**	-	-	-	-	1443	521	114	114	97	98	-	-	-	120	139
United States	**158**	99x	99x	-	-	2116	806	102	101	94	95	-	-	99x	98	97
Uruguay	**139**	94	95	96	97	603	239	113	110	93	93	-	-	98	77	92
Uzbekistan	**70**	-	-	99	99	465	276	100	100	87	89	83	83	-	99x	87x
Vanuatu	**79**	-	-	-	60x	350	14	105x	107x	76x	72x	-	-	65	23x	18x
Venezuela	**119**	86	82	92	90	472	180	90	93	83	85	-	-	89	33	46
Viet Nam	**89**	92	75	95	88	107	47	110	107	95	94	84	86	78	44x	41x
Yemen	**36**	39	5	69	36	64	29	89	45	79	39	75x	40x	74	53	14
Yugoslavia	**119**	-	-	99	97	296	259	69	70	69x	70x	-	-	100x	62	66
Zambia	**11**	73	50	76	60	120	32	102	100	85	86	74	74	84x	34x	21x
Zimbabwe	**51**	83	68	90	82	102	33	111	105	87	87	91	90	73	52	44

Regional summaries

Sub-Saharan Africa	50	29	64	46	199	47	80	67	60	51	61	57	66	28	22
Middle East and North Africa	57	28	74	53	275	114	98	88	88	80	85	75	88	64	55
South Asia	52	24	69	43	110	53	99	81	78	64	74	62	54	52	33
East Asia and Pacific	80	56	91	79	304	252	107	105	98	96	93	92	87	66	60
Latin America and Caribbean	82	78	89	87	409	204	104	104	92	92	90	90	76	49	53
CEE/CIS and Baltic States	-	-	99	95	442	339	100	97	92	90	-	-	-	82	82
Industrialized countries	99	97	-	-	1322	641	104	103	96	96	-	-	99	105	107
Developing countries	68	46	81	66	245	157	99	89	84	77	81	75	73	55	46
Least developed countries	47	24	63	44	142	23	84	69	63	54	63	58	61	23	14
World	75	58	83	69	417	240	99	91	85	79	81	75	75	61	54

Countries in each region are listed on page 106

Definitions of the indicators

Adult literacy rate – Percentage of persons aged 15 and over who can read and write.

Gross primary or secondary school enrolment ratio – The number of children enrolled in a level (primary or secondary), regardless of age, divided by the population of the age group that officially corresponds to the same level.

Net primary school enrolment ratio – The number of children enrolled in primary school who belong to the age group that officially corresponds to primary schooling, divided by the total population of the same age group.

Net primary school attendance – Percentage of children in the age group that officially corresponds to primary schooling who attend primary school. These data come from national household surveys. While both the attendance and enrolment data should report on children going to primary school, the number of children of primary school age is uncertain for many countries, and this can lead to significant biases in the enrolment ratio.

Primary school entrants reaching grade five – Percentage of the children entering the first grade of primary school who eventually reach grade five.

Main data sources

Adult literacy – United Nations Educational, Scientific and Cultural Organization (UNESCO), including the Education for All 2000 Assessment.

Radio and television – United Nations Educational, Scientific and Cultural Organization (UNESCO).

Primary and secondary school enrolment – United Nations Educational, Scientific and Cultural Organization (UNESCO), including the Education for All 2000 Assessment.

Net primary school attendance – Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS).

Reaching grade five – United Nations Educational, Scientific and Cultural Organization (UNESCO), including the Education for All 2000 Assessment.

Notes
- Data not available.
x Indicates data that refer to years or periods other than those specified in the column heading, differ from the standard definition or refer to only part of a country.
* Data refer to the most recent year available during the period specified in the column heading.

Table 5: Demographic indicators

	Under-5 mortality rank	Population (thousands) 1999		Population annual growth rate (%)		Crude death rate		Crude birth rate		Life expectancy		Total fertility rate 1999	% of population urbanized 1999	Average annual growth rate of urban population (%)	
		under 18	under 5	1970-90	1990-99	1970	1999	1970	1999	1970	1999			1970-90	1990-99
Afghanistan	**4**	10740	4190	0.4	4.4	27	21	53	52	37	46	6.7	22	2.9	6.3
Albania	**91**	1102	305	2.2	-0.6	8	6	33	20	67	73	2.4	41	2.8	0.8
Algeria	**87**	13530	4085	3.0	2.3	16	5	49	29	53	69	3.6	60	4.4	3.8
Andorra	**161**	15	4	5.3	4.1	-	-	-	-	-	-	-	94	5.0	4.0
Angola	**2**	6749	2389	2.5	3.4	27	18	49	48	37	48	6.6	34	5.6	5.6
Antigua and Barbuda	**133**	24	7	0.6	0.5	-	-	-	-	-	-	-	37	1.0	0.9
Argentina	**123**	12199	3483	1.5	1.3	9	8	23	20	66	73	2.5	90	2.0	1.7
Armenia	**101**	1101	232	1.7	-0.1	6	8	23	13	72	71	1.7	70	2.3	0.3
Australia	**175**	4687	1259	1.5	1.1	9	8	20	13	71	78	1.8	85	1.5	1.1
Austria	**175**	1705	434	0.2	0.7	13	10	15	10	70	77	1.4	65	0.1	0.7
Azerbaijan	**81**	2717	639	1.6	0.8	7	7	29	16	68	70	2.0	57	2.1	1.3
Bahamas	**129**	108	33	2.0	1.8	7	5	30	22	66	74	2.6	88	2.8	2.4
Bahrain	**142**	214	61	4.0	2.4	9	4	40	19	62	73	2.7	92	4.5	2.9
Bangladesh	**53**	55733	15120	2.5	1.6	21	9	48	28	44	59	3.0	24	7.1	4.1
Barbados	**142**	71	17	0.4	0.5	9	8	22	12	69	77	1.5	49	1.3	1.6
Belarus	**109**	2479	505	0.6	0.0	9	14	16	10	71	68	1.4	71	2.7	0.7
Belgium	**165**	2114	549	0.2	0.2	12	10	15	10	71	77	1.6	97	0.3	0.3
Belize	**82**	111	34	2.1	2.5	8	4	40	30	66	75	3.5	54	1.7	3.9
Benin	**24**	3175	1033	2.7	2.7	25	13	53	41	43	54	5.6	42	6.3	4.8
Bhutan	**45**	1009	339	2.4	2.2	22	9	42	37	42	62	5.3	7	4.8	5.6
Bolivia	**55**	3763	1200	2.2	2.4	20	9	46	32	46	62	4.2	62	3.8	3.6
Bosnia and Herzegovina	**137**	926	198	0.9	-1.3	7	7	23	10	66	74	1.4	43	2.8	-0.3
Botswana	**69**	794	241	3.5	2.5	15	17	50	33	52	45	4.2	50	11.4	4.5
Brazil	**89**	59861	15993	2.2	1.4	10	7	35	20	59	67	2.2	81	3.6	2.3
Brunei Darussalam	**154**	124	35	3.4	2.5	7	3	36	21	67	76	2.7	72	3.7	3.4
Bulgaria	**139**	1723	368	0.1	-0.6	9	14	16	9	71	72	1.2	69	1.4	-0.1
Burkina Faso	**13**	6295	2185	2.6	2.8	25	18	53	46	39	45	6.4	18	6.9	5.9
Burundi	**19**	3502	1154	2.2	2.1	20	20	44	42	44	43	6.1	9	7.0	5.7
Cambodia	**35**	5243	1611	1.1	2.6	19	12	42	33	43	54	4.4	16	1.5	5.0
Cameroon	**26**	7389	2472	2.8	2.7	21	12	45	39	44	54	5.1	48	6.2	4.7
Canada	**165**	7161	1810	1.3	1.2	7	7	17	11	73	79	1.6	77	1.4	1.2
Cape Verde	**62**	196	60	1.2	2.3	12	6	40	32	57	70	3.4	61	5.3	5.8
Central African Rep.	**21**	1751	563	2.3	2.1	22	19	43	37	42	45	4.8	41	3.4	3.0
Chad	**14**	3906	1338	2.3	2.9	26	17	49	43	38	48	5.9	24	5.2	4.1
Chile	**147**	5082	1448	1.6	1.5	10	6	29	19	62	75	2.4	85	2.1	1.8
China	**87**	380430	97793	1.6	1.0	8	7	33	16	61	70	1.8	32	3.9	2.6
Colombia	**100**	16235	4788	2.2	1.9	9	6	38	24	61	71	2.7	74	3.2	2.5
Comoros	**54**	338	106	3.2	2.8	18	9	50	36	48	60	4.6	33	5.1	4.6
Congo	**44**	1513	525	2.8	2.8	20	16	46	43	46	49	5.9	62	5.2	4.5
Congo, Dem. Rep.	**9**	27553	9742	3.1	3.3	20	14	48	46	45	52	6.2	30	2.7	4.1
Cook Islands	**101**	8	2	-0.8	0.6	-	-	-	-	-	-	-	62	0.0	1.0
Costa Rica	**146**	1532	437	2.8	2.8	6	4	34	23	67	76	2.8	48	3.5	3.3
Côte d'Ivoire	**22**	7433	2304	3.7	2.5	20	16	52	37	44	47	4.9	46	5.7	3.9
Croatia	**154**	971	235	0.4	-0.1	10	11	15	11	69	73	1.5	57	1.9	0.6
Cuba	**158**	2857	732	1.1	0.5	7	7	30	13	69	76	1.6	75	2.1	0.8
Cyprus	**158**	222	56	0.5	1.5	10	7	19	14	71	78	2.0	56	1.7	2.5
Czech Rep.	**175**	2157	476	0.2	0.0	13	11	16	9	70	74	1.2	75	2.1	-0.1
Denmark	**175**	1105	324	0.2	0.3	10	12	16	12	73	76	1.7	85	0.5	0.4
Djibouti	**27**	302	98	6.3	2.2	24	15	48	37	40	51	5.1	83	7.5	2.6
Dominica	**137**	25	7	0.1	0.0	-	-	-	-	-	-	-	70	1.9	0.5
Dominican Rep.	**76**	3306	944	2.4	1.8	11	5	42	23	58	71	2.7	64	4.2	2.9
Ecuador	**91**	5063	1465	2.7	2.1	12	6	42	25	58	70	3.0	64	4.4	3.8
Egypt	**73**	28745	8081	2.3	2.0	17	7	40	26	51	67	3.2	45	2.6	2.2
El Salvador	**83**	2606	792	1.8	2.1	12	6	44	27	57	70	3.1	46	2.3	2.7
Equatorial Guinea	**23**	219	75	1.0	2.5	24	16	40	41	40	51	5.4	47	2.4	5.6
Eritrea	**46**	1885	635	2.3	2.8	21	14	47	40	43	51	5.5	18	4.0	4.6
Estonia	**129**	322	62	0.7	-1.2	11	14	15	9	70	69	1.3	69	1.2	-1.5

	Under-5 mortality rank	Population (thousands) 1999		Population annual growth rate (%)		Crude death rate		Crude birth rate		Life expectancy		Total fertility rate 1999	% of population urbanized 1999	Average annual growth rate of urban population (%)	
		under 18	under 5	1970-90	1990-99	1970	1999	1970	1999	1970	1999			1970-90	1990-99
Ethiopia	**19**	32108	11032	2.6	2.7	24	20	50	44	40	44	6.2	17	4.8	5.4
Fiji	**123**	314	84	1.7	1.2	7	5	34	22	64	73	2.6	49	2.6	2.9
Finland	**175**	1144	299	0.4	0.4	10	10	15	11	70	77	1.7	67	1.4	1.3
France	**175**	13421	3572	0.6	0.4	11	9	17	12	72	78	1.7	75	0.8	0.6
Gabon	**28**	545	190	3.1	2.7	21	16	33	37	44	52	5.2	80	7.0	4.6
Gambia	**60**	586	205	3.4	3.6	28	17	50	40	36	48	5.0	32	6.1	5.9
Georgia	**119**	1362	344	0.7	-1.0	10	10	19	14	68	73	1.9	60	1.6	-0.1
Germany	**175**	15687	3857	0.1	0.4	12	11	14	9	71	77	1.3	87	0.4	0.6
Ghana	**48**	9917	3189	2.8	2.9	17	9	47	37	49	61	5.0	38	3.6	4.2
Greece	**161**	2034	496	0.8	0.4	8	10	17	9	72	78	1.3	60	1.3	0.6
Grenada	**110**	33	9	-0.2	0.2	-	-	-	-	-	-	-	38	0.2	1.3
Guatemala	**68**	5650	1816	2.6	2.6	15	7	45	36	52	65	4.7	40	2.9	3.0
Guinea	**17**	3770	1234	1.9	2.7	27	17	51	42	37	47	5.3	32	5.0	5.2
Guinea-Bissau	**12**	581	199	3.1	2.2	28	20	42	42	36	45	5.6	23	4.5	3.9
Guyana	**58**	311	87	0.6	0.8	11	7	38	21	60	65	2.2	38	1.2	2.2
Haiti	**33**	3930	1136	2.1	1.7	19	12	39	32	47	54	4.2	35	4.1	3.7
Holy See	-	-	-	-	-	-	-	-	-	-	-	-	100	-	-
Honduras	**83**	3094	966	3.2	2.9	15	5	49	32	52	70	4.1	52	5.0	5.3
Hungary	**151**	2123	514	0.0	-0.3	11	13	15	10	69	71	1.3	64	1.2	0.0
Iceland	**175**	78	22	1.1	1.0	7	7	22	16	74	79	2.1	92	1.4	1.2
India	**49**	398306	114976	2.1	1.8	17	9	39	25	49	63	3.0	28	3.4	2.8
Indonesia	**73**	77805	22006	2.1	1.5	18	7	41	22	48	66	2.5	40	5.0	4.5
Iran	**79**	30092	7017	3.4	1.9	16	5	45	21	55	70	2.7	61	4.9	2.8
Iraq	**34**	10853	3431	3.3	2.4	16	8	49	36	55	65	5.1	77	4.5	3.1
Ireland	**161**	996	256	0.9	0.6	11	8	22	14	71	77	1.9	59	1.3	1.0
Israel	**165**	2031	583	2.2	3.0	7	6	27	19	71	78	2.6	91	2.6	3.1
Italy	**165**	9976	2620	0.3	0.1	10	10	17	9	72	78	1.2	67	0.5	0.1
Jamaica	**149**	959	272	1.2	0.9	8	6	35	21	68	75	2.4	56	2.3	1.7
Japan	**187**	23371	6171	0.8	0.3	7	8	19	10	72	80	1.4	79	1.3	0.4
Jordan	**91**	3163	1024	3.5	3.8	18	4	52	34	54	71	4.7	74	5.0	4.7
Kazakhstan	**83**	5494	1415	1.2	-0.3	9	9	26	18	54	68	2.2	56	1.9	-0.4
Kenya	**37**	15127	4462	3.6	2.5	18	13	53	34	50	51	4.2	32	7.8	5.8
Kiribati	**63**	37	12	1.8	1.4	-	-	-	-	-	-	-	39	3.3	2.7
Korea, Dem. People's Rep.	**101**	7560	2386	1.8	1.6	10	5	41	20	60	73	2.0	60	2.2	1.9
Korea, Rep. of	**175**	12400	3403	1.5	0.9	10	6	30	15	60	73	1.7	81	4.5	1.9
Kuwait	**147**	792	200	5.3	-1.4	5	2	47	21	66	76	2.8	98	6.3	-1.1
Kyrgyzstan	**67**	1948	554	2.0	0.7	11	7	31	25	62	68	3.1	34	2.0	-0.5
Lao People's Dem. Rep.	**42**	2670	883	2.1	2.7	23	13	44	39	40	54	5.6	23	5.3	5.4
Latvia	**129**	547	105	0.6	-1.3	11	14	14	8	70	69	1.3	69	1.2	-1.5
Lebanon	**98**	1257	368	0.2	2.6	11	6	35	23	64	70	2.5	89	1.9	3.3
Lesotho	**31**	977	316	2.4	2.2	20	13	43	35	48	54	4.6	27	6.7	5.6
Liberia	**5**	1515	475	3.1	1.4	21	14	49	44	46	50	6.1	45	5.5	2.1
Libya	**123**	2514	724	4.0	2.4	16	5	50	29	52	70	3.6	87	7.0	3.1
Liechtenstein	**149**	7	2	1.6	1.1	-	-	-	-	-	-	-	21	2.0	1.7
Lithuania	**123**	896	193	0.9	-0.2	9	12	17	10	71	71	1.4	68	2.4	-0.1
Luxembourg	**175**	91	25	0.6	1.2	12	9	13	12	70	77	1.7	91	1.8	1.8
Madagascar	**24**	7814	2706	2.6	3.2	20	10	47	39	45	58	5.2	29	5.2	5.5
Malawi	**7**	5738	1990	3.6	1.5	24	23	56	47	40	40	6.5	24	7.6	7.9
Malaysia	**154**	8864	2644	2.5	2.2	10	5	37	24	61	72	3.0	57	4.5	3.7
Maldives	**55**	141	43	2.9	2.8	17	7	40	35	50	65	5.2	26	6.3	2.9
Mali	**5**	5868	1997	2.4	2.4	26	15	51	46	42	54	6.4	30	4.9	4.8
Malta	**161**	97	25	0.8	1.0	9	8	16	13	70	78	1.9	90	1.4	1.3
Marshall Islands	**50**	28	9	3.0	3.3	-	-	-	-	-	-	-	72	3.1	4.3
Mauritania	**16**	1307	439	2.5	2.8	22	13	45	40	43	54	5.3	57	8.3	5.7
Mauritius	**119**	357	94	1.2	0.9	7	6	28	16	62	72	1.9	41	1.0	1.1
Mexico	**97**	38823	11202	2.5	1.7	10	5	45	24	61	73	2.6	74	3.5	2.0
Micronesia, Fed. States of	**117**	53	16	2.3	2.0	-	-	-	-	-	-	-	28	2.8	2.6

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Table 5: Demographic indicators

	Under-5 mortality rank	Population (thousands) 1999		Population annual growth rate (%)		Crude death rate		Crude birth rate		Life expectancy		Total fertility rate 1999	% of population urbanized 1999	Average annual growth rate of urban population (%)	
		under 18	under 5	1970-90	1990-99	1970	1999	1970	1999	1970	1999			1970-90	1990-99
Moldova, Rep. of	**94**	1290	287	1.0	0.0	10	11	18	13	65	68	1.7	46	2.9	-0.1
Monaco	**175**	7	2	1.1	1.1	-	-	-	-	-	-	-	100	1.1	1.4
Mongolia	**57**	1110	279	2.8	1.9	14	6	42	22	53	67	2.5	63	4.1	2.8
Morocco	**72**	11030	3215	2.2	1.7	17	7	47	25	52	67	2.9	55	3.9	3.2
Mozambique	**10**	9893	3414	2.1	3.4	22	20	46	43	42	42	6.1	39	9.8	7.6
Myanmar	**39**	15844	4226	2.0	1.2	17	9	41	21	49	61	2.3	27	2.4	2.3
Namibia	**65**	817	264	2.7	2.5	18	16	43	35	47	48	4.7	30	4.5	4.0
Nauru	**101**	5	2	2.6	1.1	-	-	-	-	-	-	-	100	2.6	2.0
Nepal	**47**	11258	3485	2.5	2.4	22	10	45	34	42	58	4.3	12	6.7	5.3
Netherlands	**175**	3412	925	0.7	0.6	8	9	17	11	74	78	1.5	89	0.8	0.6
New Zealand	**165**	1035	289	0.9	1.4	9	8	22	15	72	77	2.0	86	1.1	1.6
Nicaragua	**78**	2490	804	2.9	2.8	14	6	48	35	54	68	4.2	56	3.6	3.4
Niger	**3**	5698	2034	3.1	3.3	26	16	59	48	38	49	6.6	20	6.3	5.8
Nigeria	**15**	54771	17880	2.8	2.5	22	15	50	38	43	50	5.0	43	5.6	4.8
Niue	-	1	0	-	-	-	-	-	-	-	-	-	50	-	-
Norway	**187**	1028	293	0.4	0.5	10	10	18	13	74	78	1.9	75	0.9	1.0
Oman	**142**	1260	395	4.5	3.6	22	4	51	35	47	71	5.7	83	13.0	6.7
Pakistan	**39**	73691	23793	3.0	2.7	19	7	48	35	49	65	4.8	37	4.2	4.3
Palau	**94**	9	3	2.0	2.6	-	-	-	-	-	-	-	72	3.0	2.7
Panama	**110**	1056	302	2.3	1.8	8	5	38	22	65	74	2.5	56	2.9	2.2
Papua New Guinea	**39**	2127	668	2.3	2.3	18	10	42	32	46	59	4.4	17	4.4	3.8
Paraguay	**98**	2503	765	2.9	2.7	9	5	37	31	65	70	4.0	55	4.3	4.1
Peru	**73**	10174	2898	2.5	1.7	14	6	42	24	54	69	2.8	72	3.4	2.3
Philippines	**83**	32371	9800	2.4	2.3	10	6	39	28	57	69	3.4	58	4.4	4.1
Poland	**151**	9798	2152	0.8	0.2	8	10	17	11	70	73	1.5	65	1.6	0.8
Portugal	**165**	2018	525	0.4	0.0	11	11	20	10	67	76	1.4	63	3.4	3.3
Qatar	**142**	182	50	7.4	2.2	13	4	35	18	61	72	3.6	92	7.9	2.4
Romania	**117**	5096	1024	0.7	-0.4	9	12	21	9	69	70	1.2	56	1.9	0.1
Russian Federation	**123**	34811	7006	0.6	-0.1	9	14	15	10	69	67	1.4	77	1.5	0.4
Rwanda	**18**	3829	1259	3.1	0.4	21	17	53	41	44	41	5.9	6	5.7	1.9
Saint Kitts and Nevis	**108**	14	4	-0.6	-0.8	-	-	-	-	-	-	-	34	-0.7	-0.8
Saint Lucia	**135**	54	15	1.4	1.4	-	-	-	-	-	-	-	38	1.0	1.5
Saint Vincent/Grenadines	**115**	40	11	1.0	0.7	-	-	-	-	-	-	-	53	6.0	3.7
Samoa	**112**	80	24	0.5	1.1	11	5	43	28	57	72	4.0	22	0.8	1.2
San Marino	**165**	5	1	1.2	1.4	-	-	-	-	-	-	-	91	3.2	1.5
Sao Tome and Principe	**58**	77	27	2.4	2.1	-	-	-	-	-	-	-	46	5.0	4.2
Saudi Arabia	**115**	9831	3220	5.1	2.9	19	4	48	33	52	72	5.6	85	7.5	3.9
Senegal	**37**	4755	1596	2.8	2.6	25	13	49	39	41	53	5.4	47	3.7	4.3
Seychelles	**139**	40	14	1.4	1.1	-	-	-	-	-	-	-	62	4.9	2.9
Sierra Leone	**1**	2379	831	2.0	1.8	30	24	49	45	34	39	5.9	36	4.7	3.9
Singapore	**187**	914	265	1.9	1.7	5	5	23	14	69	78	1.7	100	1.9	1.7
Slovakia	**151**	1357	298	0.7	0.3	10	10	19	10	70	73	1.4	57	2.3	0.4
Slovenia	**165**	411	93	0.7	0.4	10	10	17	9	70	75	1.2	50	2.2	0.4
Solomon Islands	**112**	215	70	3.5	3.2	10	4	46	35	60	72	4.7	19	6.1	6.2
Somalia	**7**	5269	1957	3.8	2.4	24	17	50	52	40	48	7.1	27	4.7	3.8
South Africa	**66**	16550	4909	2.2	1.8	14	14	35	26	53	52	3.1	50	2.3	2.0
Spain	**165**	7345	1822	0.8	0.1	9	9	20	9	72	78	1.1	77	1.4	0.4
Sri Lanka	**135**	6163	1597	1.5	1.0	8	6	30	18	65	74	2.1	23	1.4	2.0
Sudan	**43**	13618	4162	2.8	2.0	21	11	47	33	43	56	4.5	35	5.2	5.2
Suriname	**94**	160	40	0.4	0.4	8	6	37	20	63	71	2.2	74	2.2	1.7
Swaziland	**51**	488	161	2.9	2.9	19	9	48	37	46	61	4.5	26	7.4	4.0
Sweden	**187**	1934	478	0.3	0.4	10	11	14	10	74	79	1.6	83	0.4	0.4
Switzerland	**187**	1539	414	0.5	0.8	9	9	16	11	73	79	1.5	68	1.0	2.2
Syria	**101**	7739	2183	3.4	2.7	14	5	47	30	56	69	3.8	54	4.1	3.5
Tajikistan	**61**	2899	863	2.9	1.6	10	7	40	31	63	68	4.0	28	2.2	0.0
Tanzania	**30**	17204	5724	3.1	2.8	20	15	50	41	45	48	5.3	32	8.8	7.5
TFYR Macedonia	**112**	567	152	1.0	0.6	8	8	25	16	66	73	2.1	62	2.0	1.3

—	Under-5 mortality rank	Population (thousands) 1999		Population annual growth rate (%)		Crude death rate		Crude birth rate		Life expectancy		Total fertility rate 1999	% of population urbanized 1999	Average annual growth rate of urban population (%)	
		under 18	under 5	1970-90	1990-99	1970	1999	1970	1999	1970	1999			1970-90	1990-99
Thailand	101	19039	4831	2.2	1.0	10	7	39	16	58	69	1.7	21	3.9	2.4
Togo	28	2373	800	2.8	2.6	20	15	45	41	44	49	5.8	33	6.6	4.4
Tonga	123	41	12	0.8	0.2	..	..	..	..	..	..	..	37	2.7	1.7
Trinidad and Tobago	133	424	91	1.1	0.7	7	6	27	14	66	74	1.6	74	1.6	1.3
Tunisia	101	3563	924	2.3	1.6	14	7	39	20	54	70	2.5	65	3.6	2.9
Turkey	77	22918	6659	2.3	1.7	12	6	37	22	56	70	2.4	74	4.6	3.9
Turkmenistan	64	1953	570	2.6	2.0	11	7	37	28	60	66	3.4	45	2.3	1.9
Tuvalu	71	5	1	2.0	2.2	..	..	..	..	..	..	..	53	6.9	4.5
Uganda	32	12026	4348	2.6	2.8	19	20	49	51	46	42	7.0	14	4.3	5.2
Ukraine	125	11533	2478	0.5	-0.3	9	14	15	10	71	69	1.4	68	1.5	-0.1
United Arab Emirates	154	811	212	10.8	2.5	12	3	39	18	61	75	3.3	85	12.5	3.1
United Kingdom	165	13337	3521	0.2	0.2	12	11	16	12	72	78	1.7	89	0.2	0.3
United States	158	71442	19344	1.0	0.9	9	8	17	14	71	77	2.0	77	1.1	1.2
Uruguay	139	976	283	0.5	0.7	10	9	21	17	69	74	2.4	91	0.9	1.0
Uzbekistan	70	10674	3061	2.7	1.7	10	7	36	27	63	68	3.3	37	3.1	0.9
Vanuatu	79	91	28	2.7	2.5	14	6	46	32	53	68	4.1	20	4.5	3.5
Venezuela	119	9660	2791	3.0	2.2	7	5	37	24	65	73	2.9	87	3.8	2.5
Viet Nam	85	31926	8454	2.2	1.8	15	7	38	21	49	68	2.5	20	2.6	1.8
Yemen	36	9540	3479	3.0	4.6	23	10	53	47	41	59	7.3	25	5.7	5.4
Yugoslavia	119	2659	668	0.8	0.5	9	10	18	13	68	73	1.8	52	2.1	0.8
Zambia	11	4939	1613	2.7	2.4	19	20	49	42	46	41	5.3	40	4.1	2.4
Zimbabwe	51	5664	1525	3.1	1.7	16	19	50	31	50	43	3.6	35	5.7	3.9

Regional summaries

Sub-Saharan Africa	305680	101806	2.8	2.6	21	16	48	40	44	49	5.4	38	5.1	4.7
Middle East and North Africa	149258	42985	3.1	2.3	17	7	45	28	52	66	3.7	62	4.7	3.3
South Asia	557041	163543	2.2	1.9	18	9	41	27	48	62	3.3	29	3.8	3.2
East Asia and Pacific	599314	199547	1.8	1.2	10	7	35	19	58	69	2.0	38	4.0	2.9
Latin America and Caribbean	193194	54872	2.2	1.7	10	6	37	23	60	70	2.6	77	3.3	2.3
CEE/CIS and Baltic States	131423	31363	1.0	0.3	9	11	20	14	66	69	1.7	69	2.1	0.9
Industrialized countries	189233	50016	0.7	0.6	10	9	17	12	72	78	1.6	79	1.0	0.8
Developing countries	1857564	537673	2.2	1.7	14	9	39	25	53	63	2.9	40	3.9	3.0
Least developed countries	309976	100787	2.5	2.5	22	14	48	38	43	51	4.9	28	5.4	4.8
World	2125143	604132	1.8	1.4	12	9	33	22	56	64	2.6	57	2.9	2.3

Countries in each region are listed on page 106

Definitions of the indicators

Life expectancy at birth – The number of years newborn children would live if subject to the mortality risks prevailing for the cross-section of population at the time of their birth

Crude death rate – Annual number of deaths per 1,000 population

Crude birth rate – Annual number of births per 1,000 population

Total fertility rate – The number of children that would be born per woman if she were to live to the end of her childbearing years and bear children at each age in accordance with prevailing age-specific fertility rates

Urban population – Percentage of population living in urban areas as defined according to the national definition used in the most recent population census

Main data sources

Life expectancy – United Nations Population Division

Child population – United Nations Population Division

Crude death and birth rates – United Nations Population Division

Fertility – United Nations Population Division

Urban population – United Nations Population Division

Notes .. Data not available

x Indicates data that refer to years or periods other than those specified in the column heading, differ from the standard definition or refer to only part of a country

Table 6: Economic indicators

	Under-5 mortality rank	GNP per capita (US$) 1999	GNP per capita average annual growth rate (%)		Annual rate of inflation (%) 1990-99	% of population below $1 a day 1990-99*	% of central government expenditure allocated to (1992-99*)			ODA inflow in millions US$ 1998	ODA inflow as a % of recipient GNP 1998	Debt service as a % of exports of goods and services	
			1965-80	1990-99			health	education	defence			1970	1998
Afghanistan	**4**	250x	3.6	-	-	-	-	-	-	154	5x	-	-
Albania	**91**	870	-	3.1	52		4	2	4	242	9	-	**4**
Algeria	**87**	1550	4.2	-0.4	21	2	-		-	389	1	3	**24x**
Andorra	**161**	c	-	-		-	-			-	-		-
Angola	**2**	220	-	-9.2	924	-	5x	15x	34x	335	7	-	**15x**
Antigua and Barbuda	**133**	8520x	-	3.5x	3	-	-		-	10	2	-	**2x**
Argentina	**123**	7600	1.7	3.7	8		2	6	5	77	0	22	**51**
Armenia	**101**	490	-	-3.1	349	-	-	-	-	138	8	-	**8**
Australia	**175**	20050	2.2	2.7	2	-	15	8	7	-	-	-	-
Austria	**175**	25970	4.0	1.6	3	-	14	9	2	-	-	-	-
Azerbaijan	**81**	550		-10.1	322	-	1	3	11	89	2	-	**1**
Bahamas	**129**	12400x		-0.8x	3	-	16	20	3	4x	0x	-	-
Bahrain	**142**	7640x		1.5x	0	-	9	13	17	41	1	-	**2x**
Bangladesh	**53**	370	-0.3	6.6	4	29	5x	11x	10x	1251	3	0	**9x**
Barbados	**142**	6610x		1.0x	2	-			-	16	0x	-	**5x**
Belarus	**109**	2530	-	-2.8	450	2	2	4	5	-		-	**2x**
Belgium	**165**	24510	3.6	1.7	2	-	2x	12x	5x		-	-	-
Belize	**82**	2730		0.5	3		8	20	5	15	2	-	**8x**
Benin	**24**	380	-0.3	1.9	10		6x	31x	17x	210	9	2	**9**
Bhutan	**45**	510	-	2.1	10	-	11	11	-	56	16	-	**6**
Bolivia	**55**	1010	1.7	2.0	10	11	3	20	10	628	8	11	**25**
Bosnia and Herzegovina	**137**	b		30.2x						876	-	-	**0x**
Botswana	**69**	3240	9.9	1.9	10	33x	5	26	6	106	2	1	**5x**
Brazil	**89**	4420	6.3	1.3	347	5	6	4	3	329	0	12	**55x**
Brunei Darussalam	**154**	24630x		2.1x	1	-	-	-	-	4x	0x	-	-
Bulgaria	**139**	1380		-1.5	117	2	5	4	8	-	-	-	**12x**
Burkina Faso	**13**	240	1.7	1.3	7	61	7	17	14	397	15	4	**11x**
Burundi	**19**	120	2.4	-5.1	12	-	3	14	26	77	8	4	**21x**
Cambodia	**35**	260		1.8	33		-	-	-	337	11	-	**1x**
Cameroon	**26**	580	2.4	-1.5	6	-	4	15	12	424	5	3	**18x**
Canada	**165**	19320	3.3	1.3	1	-	5	3	6	-	-	-	-
Cape Verde	**62**	1330	-	2.9	4				-	130	26	-	**5x**
Central African Rep	**21**	290	0.8	-0.3	5	67			-	120	11	5	**2x**
Chad	**14**	200	1.9	-1.0	8	-	6x	8x	-	167	10	4	**8x**
Chile	**147**	4740	0.0	6.0	9	4	12	20	8	105	0	19	**18x**
China	**87**	780	4.1	9.2	10	19	0	2	14	2359	0	0x	**8**
Colombia	**100**	2250	3.7	1.3	22	11	9	21	14	166	0	12	**28**
Comoros	**54**	350	-	-3.2	4	-	-	-	-	35	18	-	**13**
Congo	**44**	670	2.7	-1.8	7	-		-	-	65	3	11	**5x**
Congo, Dem. Rep.	**9**	110x	1.3	-8.5x	1423		0	0	18	126	2	5	**0x**
Cook Islands	**101**		-	-	-	-	-	-	-	8	16x	-	-
Costa Rica	**146**	2740	3.3	1.7	18	10	22	17	-	27	0	10	**11x**
Côte d'Ivoire	**22**	710	2.8	1.7	9	12	4x	21x	4x	798	8	7	**25x**
Croatia	**154**	4580	-	1.0	131	-	14	6	11	39	0	-	**12x**
Cuba	**158**	1170x		-	-	-	23x	10x	-	80	1x	-	-
Cyprus	**158**	11960	-	2.7	4		6	12	4	30x	0x	-	-
Czech Rep	**175**	5060	-	-0.1	14	2	18	10	5	-	-	-	**14**
Denmark	**175**	32030	2.2	2.6	2	-	1	9	4	-	-	-	-
Djibouti	**27**	790	-	-	4	-	-	-	-	81	-	-	**3x**
Dominica	**137**	3170	-	1.2	3	-	-	-	-	19	8	-	**3**
Dominican Rep	**76**	1910	3.8	3.7	11	3	11	14	5	120	1	4	**5x**
Ecuador	**91**	1310	5.4	-0.1	32	20	11x	18x	13x	176	1	9	**26**
Egypt	**73**	1400	2.8	2.8	10	3	3	15	9	1915	2	26	**8**
El Salvador	**83**	1900	1.5	2.8	9	25	10	20	7	180	2	4	**6x**
Equatorial Guinea	**23**	1170	-	14.3	13	-	-	-	-	25	5	-	**0x**
Eritrea	**46**	200	-	2.0x	10	-	-	-	-	158	20	-	**0x**
Estonia	**129**	3480		-0.4	75	5	16	9	4	-	-	-	**1**

	Under-5 mortality rank	GNP per capita (US$) 1999	GNP per capita average annual growth rate (%) 1965-80	GNP per capita average annual growth rate (%) 1990-99	Annual rate of inflation (%) 1990-99	% of population below $1 a day 1990-99*	% of central government expenditure allocated to (1992-99*) health	education	defence	ODA inflow in millions US$ 1998	ODA inflow as a % of recipient GNP 1998	Debt service as a % of exports of goods and services 1970	1998
Ethiopia	**19**	100	0.4	2.6	8	31	5	14	9	648	11	11	11
Fiji	**123**	2210	-	0.8	4	-	9	18	6	36	2	-	3
Finland	**175**	23780	3.6	2.1	2	-	3	10	5	-	-	-	-
France	**175**	23480	3.7	1.3	2	-	16x	7x	6x	-	-	-	-
Gabon	**28**	3350	5.6	0.2	7	-	-	-	-	45	1	6	10
Gambia	**60**	340	-	-0.1	4	54	7x	12x	4x	38	9	1	8x
Georgia	**119**	620	-	-8.6	709	-	4	5	9	162	3	-	7
Germany	**175**	25350	3.0x	1.0x	2	-	17x	1x	7x	-	-	-	-
Ghana	**48**	390	-0.8	1.5	29	-	7	22	5	701	10	5	20
Greece	**161**	11770	4.8	1.4	11	-	7	9	7	-	-	9	17x
Grenada	**110**	3450	-	2.0	3	-	10	17	-	6	2	-	5x
Guatemala	**68**	1660	3.0	1.5	11	40x	11	17	11	233	1	7	8x
Guinea	**17**	510	1.3	2.0	7	26	3x	11x	29x	359	10	-	19x
Guinea-Bissau	**12**	160	-2.7	-2.2	42	88	1x	3x	4x	96	52	-	14x
Guyana	**58**	760	-	9.6	16	-	-	-	-	93	14	-	16
Haiti	**33**	460	0.9	-3.1	23	-	-	-	-	407	13	5	6
Holy See	**-**	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	**83**	760	1.1	1.0	21	40	10x	19x	7x	318	7	3	20x
Hungary	**151**	4650	5.1	1.4	22	2	6	9	2	-	-	-	26
Iceland	**175**	29280	-	2.0	3	-	24	10	-	-	-	-	-
India	**49**	450	1.5	3.9	9	44	2	3	16	1595	0	21	19
Indonesia	**73**	580	5.2	2.8	12	15	2	7	5	1258	1	7	28x
Iran	**79**	1760	2.9	1.7	28	-	6	16	9	164	0	-	18
Iraq	**34**	2170x	-	-	-	-	-	-	-	115	-	-	-
Ireland	**161**	19160	2.8	6.1	2	-	16	13	3	-	-	-	-
Israel	**165**	17450x	3.7	2.5x	11	-	14	13	18	2217x	2x	3	-
Italy	**165**	19710	3.2	1.1	4	-	11x	8x	4x	-	-	-	-
Jamaica	**149**	2330	-0.1	0.2	29	3	7x	11x	8x	18	0	3	11
Japan	**187**	32230	5.1	1.1	0	-	2	6	4	-	-	-	-
Jordan	**91**	1500	5.8x	1.4	3	2	10	15	18	408	8	4	10x
Kazakhstan	**83**	1230	-	-5.4	331	1	8	5	5	207	1	-	11
Kenya	**37**	360	3.1	0.1	16	27	6	20	6	474	5	6	15
Kiribati	**63**	910	-	1.5	4	-	-	-	-	17	17	-	-
Korea, Dem. People's Rep.	**101**	a	-	-	-	-	-	-	-	109	1x	-	-
Korea, Rep. of	**175**	8490	7.3	4.5	6	2	1	21	17	-50	0	20	9
Kuwait	**147**	19020x	0.6x	13.3x	-1x	-	7	12	20	6x	0x	-	-
Kyrgyzstan	**67**	300	-	-6.6	158	19	13	22	7	216	12	-	4x
Lao People's Dem. Rep.	**42**	280	-	3.6	16	-	-	-	-	281	18	-	5
Latvia	**129**	2470	-	-3.6	71	2	11	5	3	-	-	-	3x
Lebanon	**98**	3700	-	3.9	24	-	3	8	10	236	2	-	13x
Lesotho	**31**	550	6.8	-0.4	8	43	9	27	7	66	6	1	6x
Liberia	**5**	490x	0.5	-	-	-	5x	11x	9x	73	7x	8	3x
Libya	**123**	5540x	0.0	-	-	-	-	-	-	7	0x	-	-
Liechtenstein	**149**	d	-	-	-	-	-	-	-	-	-	-	-
Lithuania	**123**	2620	-	-4.2	112	2	15	6	3	-	-	-	5x
Luxembourg	**175**	44640	-	1.6	2	-	2	10	2	-	-	-	-
Madagascar	**24**	250	-0.4	-0.8	22	60	7	9	5	494	13	32	25x
Malawi	**7**	190	3.2	1.2	33	-	7x	12x	5x	434	20	8	9x
Malaysia	**154**	3400	4.7	4.2	5	4	6	23	11	202	0	4	6x
Maldives	**55**	1160	-	3.9	8	-	10	19	-	25	8	-	7x
Mali	**5**	240	2.1x	0.5	9	73	2x	9x	8x	349	13	1	10
Malta	**161**	9210	-	3.4	6	-	10	12	2	22	1	-	1x
Marshall Islands	**50**	1560	-	6.8	7	-	-	-	-	50	52	-	-
Mauritania	**16**	380	-0.1	1.6	5	4	4x	23x	-	171	17	3	22x
Mauritius	**119**	3590	3.7	3.9	6	-	8	17	1	40	1	3	10x
Mexico	**97**	4400	3.6	0.9	20	18	3	22	4	15	0	24	18
Micronesia, Fed. States of	**117**	1810	-	-2.7x	4	-	-	-	-	80	39	-	-

Table 6: Economic indicators

	Under-5 mortality rank	GNP per capita (US$) 1998	GNP per capita average annual growth rate (%)		Annual rate of inflation (%) 1990-98	% of population below $1 a day 1990-98*	% of central government expenditure allocated to (1992-98*)			ODA inflow in millions US$ 1998	ODA inflow as a % of recipient GNP 1998	Debt service as a % of exports of goods and services	
			1965-80	1990-98			health	education	defence			1970	1998
Moldova, Rep. of	**94**	370	-	-6.0x	174	7	-	-	-	33	2	-	8x
Monaco	**175**	d	-	-	-	-	-	-	-	-	-	-	-
Mongolia	**57**	350	-	-1.0	78	14	2	8	8	203	20	-	11x
Morocco	**72**	1200	2.7	0.5	4	2	3	17	14	528	2	8	27x
Mozambique	**10**	230	-	4.1	41	38	5x	10x	35x	1039	30	-	13
Myanmar	**39**	220x	1.6	2.9x	26	-	4	9	31	59	0x	18	8x
Namibia	**65**	1890	-	0.8	10	35	10x	22x	7x	180	6	-	-
Nauru	**101**	-	-	-	-	-	-	-	-	2	-	-	-
Nepal	**47**	220	-	2.3	9	38	6	15	5	404	8	3	6x
Netherlands	**175**	24320	2.7	2.2	2	-	15	10	4	-	-	-	-
New Zealand	**165**	13780	1.7	1.3	2	-	16	16	3	-	-	-	-
Nicaragua	**78**	430	-0.7	3.0	39	3	13	15	6	562	32	11	17
Niger	**3**	190	-2.5	-0.9	7	61	-	-	-	291	14	4	14x
Nigeria	**15**	310	4.2	0.2	39	70	1x	3x	3x	204	1	4	8x
Niue	-	-	-	-	-	-	-	-	-	4	-	-	-
Norway	**187**	32880	3.6	3.4	2	-	5	7	7	-	-	-	-
Oman	**142**	4940x	9.0	-0.4x	3	-	7	16	32	27	0x	-	5x
Pakistan	**39**	470	1.8	1.4	11	31	1x	2x	31x	1050	2	22	21
Palau	**94**	c	-	-	-	-	-	-	-	89	-	-	-
Panama	**110**	3070	2.8	2.4	2	10	19	18	5	22	0	8	7
Papua New Guinea	**39**	800	-	1.6	7	-	9	18	3	361	9	1	15x
Paraguay	**98**	1580	4.1	-0.4	15	19	7	22	11	76	1	12	5x
Peru	**73**	2390	0.8	3.5	34	15	5x	16x	11x	501	1	12	21
Philippines	**83**	1020	3.2	1.5	9	27	3	20	8	607	1	8	8x
Poland	**151**	3960	-	4.4x	27	5	10	6	4	-	-	-	9
Portugal	**165**	10600	4.6	2.3	6	2	9x	11x	6x	-	-	7	16x
Qatar	**142**	12000x	-	-5.3x	-	-	-	-	-	3x	0x	-	-
Romania	**117**	1520	-	-0.7	114	3	7	9	7	-	-	0x	21
Russian Federation	**123**	2270	-	-6.6	231	7	2	2	12	-	-	-	10
Rwanda	**18**	250	1.6	-3.1	18	36x	5x	26x	-	350	19	1	12
Saint Kitts and Nevis	**108**	6420	-	4.3	3	-	-	-	-	7	3	-	4x
Saint Lucia	**135**	3770	-	1.2	3	-	-	-	-	6	1	-	3x
Saint Vincent/Grenadines	**115**	2700	-	2.6	3	-	10	13	-	20	7	-	5x
Samoa	**112**	1060	-	1.2	4	-	-	-	-	36	20	-	4x
San Marino	**165**	-	-	-	-	-	-	-	-	-	-	-	-
Sao Tome and Principe	**58**	270	-	-0.8	58	-	-	-	-	28	74	-	25
Saudi Arabia	**115**	6910x	4.0x	-2.4x	1	-	6x	14x	36x	25	0	-	1x
Senegal	**37**	510	0.5	0.9	6	26	-	-	-	502	11	4	18
Seychelles	**139**	6540	-	1.4	1	-	7	9	3	23	5	-	4x
Sierra Leone	**1**	130	0.7	-5.4	33	57x	10x	13x	10x	106	15	11	20x
Singapore	**187**	29610	8.3	6.8	2	-	7	19	29	16x	0x	1	-
Slovakia	**151**	3590	-	1.6	11	2	15	10	5	-	-	-	10x
Slovenia	**165**	9890	-	4.3x	27	2	-	-	-	40	0	-	9
Solomon Islands	**112**	750	-	0.1	10	-	-	-	-	43	14	-	2x
Somalia	**7**	120x	-0.1	-2.3	75x	-	1x	2x	38x	80	10x	2	25x
South Africa	**66**	3160	3.2	0.0	11	11	-	-	-	512	0	-	10x
Spain	**165**	14000	4.1	1.9	4	-	6	4	3	-	-	-	-
Sri Lanka	**135**	820	2.8	3.9	10	7	6	11	17	490	3	11	5x
Sudan	**43**	330	0.8	3.7	74	-	-	-	-	209	3	11	0x
Suriname	**94**	1660x	-	0.1x	138	-	-	-	-	59	9	-	-
Swaziland	**51**	1360	-	-0.1	12	-	-	-	-	30	2	-	2x
Sweden	**187**	25040	2.0	1.0	2	-	1	7	6	-	-	-	-
Switzerland	**187**	38350	1.5	0.0	2	-	20	2	5	-	-	-	2
Syria	**101**	970	5.1	1.0	9	-	3	9	24	156	1	11	3
Tajikistan	**61**	290	-	-11.9	300	-	-	-	-	105	5	-	4x
Tanzania	**30**	240	0.8	0.7	24	20	6x	8x	16x	998	14	1	10x
TFYR Macedonia	**112**	1690	-	-1.4x	18	-	-	-	-	92	4	-	8x

	Under-5 mortality rank	GNP per capita (US$) 1998	GNP per capita average annual growth rate (%) 1965-80	GNP per capita average annual growth rate (%) 1990-98	Annual rate of inflation (%) 1990-98	% of population below $1 a day 1990-98*	% of central government expenditure allocated to (1992-98*) health	education	defence	ODA inflow in millions US$ 1998	ODA inflow as a % of recipient GNP 1998	Debt service as a % of exports of goods and services 1970	1998
Thailand	**101**	1960	4.4	3.4	5	2	9	23	10	690	1	3	13x
Togo	**28**	320	1.7	-0.6	9	-	5x	20x	11x	128	9	3	4
Tonga	**123**	1720	-	0.8	4	-	7x	13x	-	26	15	-	7x
Trinidad and Tobago	**133**	4390	3.1	1.5	7	12	9	15	2	14	0	5	16x
Tunisia	**101**	2100	4.7	2.9	5	1	7	19	6	148	1	18	14
Turkey	**77**	2900	3.6	2.4	79	2	2	11	8	14	0	16	18
Turkmenistan	**64**	660	-	-7.0x	663	21	-	-	-	17	1	-	32x
Tuvalu	**71**	-	-	-	-	-	-	-	-	5	-	-	-
Uganda	**32**	320	-2.2	4.3	15	37	2x	15x	26x	471	7	3	15x
Ukraine	**129**	750	-	-10.3	440	2	-	-	-	-	-	-	10
United Arab Emirates	**154**	17870x	-	-1.6x	2	-	8	18	31	8x	0x	-	-
United Kingdom	**165**	22640	2.0	2.0	3	-	15	4	7	-	-	-	-
United States	**158**	30600	1.8	2.2	2	-	21	2	15	-	-	-	-
Uruguay	**139**	5900	2.5	3.0	41	2x	6	7	4	24	0	22	13x
Uzbekistan	**70**	720	-	-1.4x	357	3	-	-	-	144	1	-	13
Vanuatu	**79**	1170	-	-2.7	4	-	-	-	-	41	16	-	1x
Venezuela	**119**	3670	2.3	-0.6	49	15	10x	20x	6x	37	0	3	29x
Viet Nam	**89**	370	-	6.2	19	-	4	14	-	1163	4	-	7x
Yemen	**36**	350	-	-1.6	24	5	4	22	19	310	7	-	2x
Yugoslavia	**119**	b	-	-	-	-	-	-	-	106	-	-	-
Zambia	**11**	320	1.2	-0.9	64	73	13	14	4	349	11	6	19x
Zimbabwe	**51**	520	1.7	-0.2	22	36	8	24	7	280	4	2	19x

Regional summaries

	GNP per capita (US$) 1998	GNP per capita average annual growth rate (%) 1965-80	1990-98	Annual rate of inflation (%) 1990-98	% of population below $1 a day 1990-98*	health	education	defence	ODA inflow in millions US$ 1998	ODA inflow as a % of recipient GNP 1998	Debt service 1970	1998
Sub-Saharan Africa	503	2.8	0.1	54	43	4	13	10	12732	4	6	12
Middle East and North Africa	2106	3.1	0.3	12	-	5	15	20	4806	1	12	14
South Asia	443	1.4	3.8	9	40	2	4	17	5025	1	17	17
East Asia and Pacific	1057	4.9	6.6	8	18	2	11	14	8036	0	6	10
Latin America and Caribbean	3806	4.0	1.8	153	12	6	11	5	4370	0	13	28
CEE/CIS and Baltic States	2180	-	-1.9	160	4	6	6	8	-	-	-	13
Industrialized countries	26157	2.9	1.7	2	-	14	4	9	-	-	-	-
Developing countries	1222	3.7	3.3	67	26	4	11	11	38278	1	11	16
Least developed countries	261	-0.1	2.2	102	35	5	13	14	12064	8	6	9
World	4884	3.1	1.9	19	24	12	5	9	39728	1	11	15

Countries in each region are listed on page 106

Definitions of the indicators

GNP per capita – Gross national product (GNP) is the sum of gross value added by all resident producers, plus any taxes that are not included in the valuation of output, plus net receipts of primary income from non-resident sources. GNP per capita is the gross national product, converted to United States dollars using the World Bank Atlas method, divided by the mid-year population.

% of population below $1 a day – Percentage of population living on less than $1 a day at 1985 international prices, adjusted for purchasing power parity.

ODA – Official development assistance.

Debt service – The sum of interest payments and repayments of principal on external public and publicly guaranteed long-term debts.

Main data sources

GNP per capita – World Bank.

% of population below $1 a day – World Bank.

Expenditure on health, education and defence – International Monetary Fund (IMF).

ODA – Organisation for Economic Co-operation and Development (OECD).

Debt service – World Bank.

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Notes

a Range $755 or less
b Range $756 to $2995
c Range $2996 to $9265
d Range $9266 or more

- Data not available.
x Indicates data that refer to years or periods other than those specified in the column heading, differ from the standard definition or refer to only part of a country.
* Data refer to the most recent year available during the period specified in the column heading.

Table 7: Women

	Under-5 mortality rank	Life expectancy females as a % of males 1999	Adult literacy rate females as a % of males 1995-99*	Enrolment ratios females as a % of males		Contraceptive prevalence (%) 1995-2000*	% of pregnant women immunized against tetanus 1997-99*	% of births attended by trained health personnel 1995-2000*	Maternal mortality ratio† reported 1980-99*
				primary school 1995-99*	secondary school 1995-97*				
Afghanistan	**4**	102	35	9	34	2x	19	8x	-
Albania	**91**	109	-	102	103	-	77	99x	-
Algeria	**87**	104	74	96	95	57	52	77x	220
Andorra	**161**	-	-	-	-	-	-	-	-
Angola	**2**	107	52x	93x	-	8	16	-	-
Antigua and Barbuda	**133**	-	104	-	-	53x	-	100	150
Argentina	**123**	110	99	98	111	74x	36	98	38
Armenia	**101**	109	99	107	107x	60	-	97	35
Australia	**175**	107	-	100	103	76x	-	100x	-
Austria	**175**	108	-	99	97	71x	-	100x	-
Azerbaijan	**81**	114	97	99	111	-	-	100	43
Bahamas	**129**	110	101	100	103x	62x	-	100x	-
Bahrain	**142**	106	84	101	108	62	80	98	46
Bangladesh	**53**	100	76	97	52x	54	85	13	440
Barbados	**142**	107	99	98	89x	55	-	100	0
Belarus	**109**	119	97	95	104	50	-	100x	28
Belgium	**165**	109	-	98	106	79x	-	100x	-
Belize	**82**	104	100	93	111x	47x	65	77x	140
Benin	**24**	106	44	66	42	37	90	60	500
Bhutan	**45**	103	50	76	29x	19x	73	15x	380
Bolivia	**55**	105	85	96	85x	48	27	59	390
Bosnia and Herzegovina	**137**	107	91	100	-	-	-	97x	10
Botswana	**69**	105	107	99	111	48	56	87	330
Brazil	**89**	111	99	96x	116x	77	30	92	160
Brunei Darussalam	**154**	105	91	95	115	-	45	98x	0
Bulgaria	**139**	110	99	99	99	76x	-	100x	15
Burkina Faso	**13**	105	34	69	55x	12	30	27	-
Burundi	**19**	105	56	81	56	9x	9	24x	-
Cambodia	**35**	106	73	88	60	22	33	34	470
Cameroon	**26**	106	73	84	69x	19	44	55	430
Canada	**165**	108	-	98	100	73x	-	100x	-
Cape Verde	**62**	109	75	93	104	53	52	54	55
Central African Rep	**21**	109	50	71	40x	15	25	46x	1100
Chad	**14**	107	50	55	27	4	27	15	830
Chile	**147**	108	100	98	108	43x	-	100	20
China	**87**	107	85	99	90	91	13x	67	55
Colombia	**100**	110	101	100	107	72	57x	85	80
Comoros	**54**	105	90	86	76x	21	22	52	500
Congo	**44**	109	81	91	73	-	33	-	-
Congo, Dem. Rep.	**9**	106	65	73	59x	8x	-	-	-
Cook Islands	**101**	-	-	97	-	50x	79	99x	-
Costa Rica	**146**	105	100	99	106	75x	-	98	29
Côte d'Ivoire	**22**	102	59	73	48	15	44	47	600
Croatia	**154**	112	97	103	102	-	-	100	6
Cuba	**158**	105	100	100	112	84	70	100	27
Cyprus	**158**	105	95	100	103	-	-	100x	0
Czech Rep.	**175**	110	-	98	103	69x	-	99x	9
Denmark	**175**	108	-	99	102	78x	-	100x	10
Djibouti	**27**	106	55	73	71	-	14	79x	-
Dominica	**137**	-	-	113	-	50	-	100	65
Dominican Rep.	**76**	107	99	100x	138x	64	86	99	230
Ecuador	**91**	107	95	99	104x	66	34	71	160
Egypt	**73**	105	59	93	88	56	66	61	170
El Salvador	**83**	109	92	100	117	60	70	90	120
Equatorial Guinea	**23**	106	75	85	-	-	70	5x	-
Eritrea	**46**	106		84	71	8	28	21x	1000
Estonia	**129**	117	100	98	108	70x	-	-	50

	Under-5 mortality rank	Life expectancy females as a % of males 1999	Adult literacy rate females as a % of males 1995-99*	Enrolment ratios females as a % of males		Contraceptive prevalence (%) 1995-2000*	% of pregnant women immunized against tetanus 1997-99*	% of births attended by trained health personnel 1995-2000*	Maternal mortality ratio† reported 1980-99*
				primary school 1995-99*	secondary school 1995-97*				
Ethiopia	**19**	102	68	60	71	8	35	10	-
Fiji	**123**	106	95	99	102x	32x	-	-	38
Finland	**175**	111	-	101	114	80x	-	100x	6
France	**175**	109	-	98	99	75x	83	99x	10
Gabon	**28**	106	72	97	-	-	25	80x	600
Gambia	**60**	107	63	85	63	12x	96	44x	-
Georgia	**119**	112	100	100	97	-	-	-	70
Germany	**175**	108	-	100	98	75x	80x	100x	8
Ghana	**48**	107	71	88	64x	22	52	44	210
Greece	**161**	107	96	100	101	-	-	99x	1
Grenada	**110**	-	-	89	-	54x	-	99	1
Guatemala	**68**	110	85	89	92	38	38	41	190
Guinea	**17**	102	44	59	35	6	48	35	670
Guinea-Bissau	**12**	107	33	61	44x	1x	13	25	910
Guyana	**58**	111	98	95	107	-	82	95	180
Haiti	**33**	110	89	97	95x	18x	38	21	-
Holy See	-	-	-	-	-	-	-	-	-
Honduras	**83**	107	99	102	128x	50	100	55	110
Hungary	**151**	112	99	98	103	73x	-	99x	15
Iceland	**175**	106	-	100	99	-	-	100x	-
India	**49**	102	62	83	66	41x	73	34x	410
Indonesia	**73**	106	87	94	87	55	81	56	450
Iran	**79**	103	84	92	90	73	48	86	37
Iraq	**34**	105	63	86	63	18x	51	54x	-
Ireland	**161**	108	-	99	108	-	-	100x	6
Israel	**165**	105	96	100x	106x	-	-	99x	5
Italy	**165**	108	99	99	101	78x	-	100x	7
Jamaica	**149**	105	117	96	106x	66	52	95	120
Japan	**187**	108	-	101	101x	59x	-	100x	8
Jordan	**91**	104	87	100	104x	53	18	97	41
Kazakhstan	**83**	114	100	100	111	66	-	98	70
Kenya	**37**	102	80	99	85	39	51	44	590
Kiribati	**63**	-	-	-	-	28x	39	72x	-
Korea, Dem. People's Rep.	**101**	110	100	94x	-	-	5	100x	110
Korea, Rep. of	**175**	110	99	101	100	79x	71	98x	20
Kuwait	**147**	107	87	96	100	35x	70	98	5
Kyrgyzstan	**67**	113	96	100	111	60	-	98	65
Lao People's Dem. Rep.	**42**	106	65	82	68	19x	36	14x	650
Latvia	**129**	119	99	99	104	-	-	100x	45
Lebanon	**98**	104	85	96	109	63	-	89	100
Lesotho	**31**	106	131	96	144	23x	-	50x	-
Liberia	**5**	106	50	74	39x	6x	14	58x	-
Libya	**123**	106	77	100x	100x	45	-	94	75
Liechtenstein	**149**	-	100x	-	-	-	-	-	-
Lithuania	**123**	117	99	97	104	-	-	-	18
Luxembourg	**175**	108	-	107x	106x	-	-	100x	0
Madagascar	**24**	105	88	99	100	19	35	47	490
Malawi	**7**	103	52	90	57	22	97	55x	620
Malaysia	**154**	107	89	101	114	48x	81	96	39
Maldives	**55**	96	101	98	100x	17	95	90x	350
Mali	**5**	104	25	67	50	7	62	24	580
Malta	**161**	107	101	99	95	-	-	98x	-
Marshall Islands	**50**	-	-	99	-	37x	-	-	-
Mauritania	**16**	106	55	90	52	4x	13	40x	550
Mauritius	**119**	112	91	101	105	75x	75	97x	50
Mexico	**97**	109	95	109	100	69	67	86	55
Micronesia, Fed. States of	**117**	-	-	-	-	-	-	90x	-

Table 7: Women

	Under-5 mortality rank	Life expectancy females as a % of males 1999	Adult literacy rate females as a % of males 1995-99*	Enrolment ratios females as a % of males		Contraceptive prevalence (%) 1995-2000*	% of pregnant women immunized against tetanus 1997-99*	% of births attended by trained health personnel 1995-2000*	Maternal mortality ratio† reported 1980-99*
				primary school 1995-99*	secondary school 1995-97*				
Moldova, Rep. of	**94**	113	98	99	104	74	-	-	42
Monaco	**175**	-	-	-	-	-	-	-	-
Mongolia	**57**	105	100	100	135	42	-	93	150
Morocco	**72**	105	53	81	77	59	36	40	230
Mozambique	**10**	105	42	76	56	10	53	44	1100
Myanmar	**39**	105	89	97	103x	33	64	56	230
Namibia	**65**	102	96	100	118	29x	81	68x	230
Nauru	**101**	-	103	94	-	-	-	-	-
Nepal	**47**	98	44	74	51x	30	65	9	540
Netherlands	**175**	108	-	98	96	80x	-	100	7
New Zealand	**165**	108	-	100	105	70x	-	95x	15
Nicaragua	**78**	108	103	103	118	60	100	65	150
Niger	**3**	106	33	61	56	8	19	18	590
Nigeria	**15**	106	71	87	85x	7	29	33	700
Niue	-	-	-	100	-	-	40	99x	-
Norway	**187**	107	-	100	96	76x	-	100x	6
Oman	**142**	107	72	95	96	40	97	91	19
Pakistan	**39**	103	58	70	52x	24	51	19	-
Palau	**94**	-	-	-	-	47x	-	99x	-
Panama	**110**	107	99	96x	108x	58x	-	90	70
Papua New Guinea	**39**	103	78	157	65	26	14	53	370
Paraguay	**98**	106	97	97	107	57	32	71	190
Peru	**73**	109	93	98	93	64	57	56	270
Philippines	**83**	106	100	101	106x	47	38	56	170
Poland	**151**	112	100	98	99	75x	-	99x	8
Portugal	**165**	110	94	95	109x	66x	-	98x	8
Qatar	**142**	109	96	94	98	32x	-	98	10
Romania	**117**	110	97	98	99	57x	-	99x	41
Russian Federation	**123**	120	99	99x	110x	-	-	99	50
Rwanda	**18**	105	89	100	75x	21x	83	26x	-
Saint Kitts and Nevis	**108**	-	-	93	-	41	-	100	130
Saint Lucia	**135**	-	-	98	-	47	28	100	30
Saint Vincent/Grenadines	**115**	-	-	84	-	60	-	96	43
Samoa	**112**	106	-	97	112	30	91	76x	-
San Marino	**165**	-	-	-	-	-	-	-	-
Sao Tome and Principe	**58**	-	73x	-	-	10x	31	86x	-
Saudi Arabia	**115**	104	77	93	88	32	66	91	-
Senegal	**37**	108	53	79	60	13	45	47	560
Seychelles	**139**	-	102	100	-	-	99	99x	-
Sierra Leone	**1**	108	40	69x	59x	4x	25	-	-
Singapore	**187**	107	90	98	110	74x	-	100x	6
Slovakia	**151**	110	-	99	104	74x	-	-	9
Slovenia	**165**	110	100	100	103	-	-	100x	11
Solomon Islands	**112**	106	-	87x	67x	25x	55	85x	550
Somalia	**7**	107	39x	50x	50x	1x	16	2x	-
South Africa	**66**	110	99	88	120	56	26	84	-
Spain	**165**	109	98	98	110	59x	-	96x	6
Sri Lanka	**135**	107	96	98	110	66x	91	94x	60
Sudan	**43**	106	70	90	90	8x	62	86x	550
Suriname	**94**	107	96	97x	116x	-	-	91x	110
Swaziland	**51**	108	96	94	98	21x	96	56x	230
Sweden	**187**	105	-	100	120	78x	-	100x	5
Switzerland	**187**	108	98x	99x	94x	71x	-	99x	5
Syria	**101**	107	80	95	89	36x	94	76x	110
Tajikistan	**61**	109	95	98	89	-	-	79	65
Tanzania	**30**	104	94	99	83	22	77	35	530
TFYR Macedonia	**112**	107	94x	98	97	-	-	97	3

	Under-5 mortality rank	Life expectancy females as a % of males 1999	Adult literacy rate females as a % of males 1995-99*	Enrolment ratios females as a % of males: primary school 1995-99*	Enrolment ratios females as a % of males: secondary school 1995-97*	Contraceptive prevalence (%) 1995-2000*	% of pregnant women immunized against tetanus 1997-99*	% of births attended by trained health personnel 1995-2000*	Maternal mortality ratio[†] reported 1980-99*
Thailand	**101**	109	96	97	97x	72	90	71x	44
Togo	**28**	104	49	71	35	24	48	51	480
Tonga	**123**			97	-	39x	95	92x	-
Trinidad and Tobago	**133**	107	98	99	104	53x	-	98x	-
Tunisia	**101**	103	70	94	95	60	80	81	70
Turkey	**77**	107	79	88	71	64	36	81	130
Turkmenistan	**64**	111	98x	-		-		96	65
Tuvalu	**71**	-	100	100	-	-		100x	-
Uganda	**32**	105	68	88	60	15	49	38	510
Ukraine	**129**	114	101	99x	107x	-	-	100	27
United Arab Emirates	**154**	104	109	98	106	28	-	99	3
United Kingdom	**165**	107	-	100	116	82x	-	98x	7
United States	**158**	108		99	99	74x	-	99x	8
Uruguay	**139**	110	101	97	119	84	-	100	26
Uzbekistan	**70**	109	100	100	88x	56	-	98	21
Vanuatu	**79**	106	-	102x	78x	15x	78	79x	-
Venezuela	**119**	109	98	103	139	49x	88	95	60
Viet Nam	**89**	106	93	97	93x	75	85	77	160
Yemen	**36**	102	52	51	26	21	26	22	350
Yugoslavia	**119**	107	98	101	106	-	-	93	10
Zambia	**11**	103	79	98	62x	26	55	47	650
Zimbabwe	**51**	100	91	95	85	66	58	84	400

Regional summaries

	Under-5 mortality rank	Life expectancy females as a % of males 1999	Adult literacy rate females as a % of males 1995-99*	Enrolment ratios females as a % of males: primary school 1995-99*	Enrolment ratios females as a % of males: secondary school 1995-97*	Contraceptive prevalence (%) 1995-2000*	% of pregnant women immunized against tetanus 1997-99*	% of births attended by trained health personnel 1995-2000*	Maternal mortality ratio[†] reported 1980-99*
Sub-Saharan Africa		105	72	84	80	18	42	37	-
Middle East and North Africa		104	71	90	86	49	55	69	-
South Asia		102	63	82	64	40	69	29	-
East Asia and Pacific		107	87	98	92	81	34	66	-
Latin America and Caribbean		109	98	100	108	69	51	83	-
CEE/CIS and Baltic States		112	97	97	100	65		94	-
Industrialized countries		108	-	99	102	72	-	99	-
Developing countries		105	81	91	84	59	50	52	-
Least developed countries		104	70	83	60	24	51	28	-
World		106	83	92	89	61	51	56	-

Countries in each region are listed on page 106

Definitions of the indicators

Life expectancy at birth – The number of years newborn children would live if subject to the mortality risks prevailing for the cross-section of population at the time of their birth

Adult literacy rate – Percentage of persons aged 15 and over who can read and write

Primary or secondary enrolment ratios – The number of children enrolled in a schooling level (primary or secondary), regardless of age, divided by the population of the age group that officially corresponds to that level

Contraceptive prevalence – Percentage of married women aged 15-49 years currently using contraception

Births attended – Percentage of births attended by physicians, nurses, midwives, or primary health care workers trained in midwifery skills

Maternal mortality ratio – Annual number of deaths of women from pregnancy-related causes per 100,000 live births. This 'reported' column shows country reported figures that are not adjusted for underreporting and misclassification

Main data sources

Life expectancy – United Nations Population Division

Adult literacy – United Nations Educational, Scientific and Cultural Organization (UNESCO), including the Education for All 2000 Assessment

School enrolment – Demographic and Health Surveys (DHS) and United Nations Educational, Scientific and Cultural Organization (UNESCO), including the Education for All 2000 Assessment

Immunization – Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), World Health Organization (WHO) and UNICEF

Contraceptive prevalence – Demographic and Health Surveys (DHS), United Nations Population Division and UNICEF

Births attended – World Health Organization (WHO) and UNICEF

Maternal mortality – World Health Organization (WHO) and UNICEF

[†] The maternal mortality data provided in this table are those reported by national authorities. Periodically, UNICEF and WHO evaluate these data and make adjustments to account for the well-documented problems of underreporting and misclassification of maternal deaths and to develop estimates for countries with no data. Regional and global totals based on such assessments are issued periodically.

Notes

Data not available

x Indicates data that refer to years or periods other than those specified in the column heading, differ from the standard definition or refer to only part of a country

* Data refer to the most recent year available during the period specified in the column heading

Regional summaries country list

Regional averages given at the end of each table are calculated using data from the countries as grouped below.

Sub-Saharan Africa

Angola; Benin; Botswana; Burkina Faso; Burundi; Cameroon; Cape Verde; Central African Rep.; Chad; Comoros; Congo; Congo, Dem. Rep.; Côte d'Ivoire; Equatorial Guinea; Eritrea; Ethiopia; Gabon; Gambia; Ghana; Guinea; Guinea-Bissau; Kenya; Lesotho; Liberia; Madagascar; Malawi; Mali; Mauritania; Mauritius; Mozambique; Namibia; Niger; Nigeria; Rwanda; Sao Tome and Principe; Senegal; Seychelles; Sierra Leone; Somalia; South Africa; Swaziland; Tanzania; Togo; Uganda; Zambia; Zimbabwe

Middle East and North Africa

Algeria; Bahrain; Cyprus; Djibouti; Egypt; Iran; Iraq; Jordan; Kuwait; Lebanon; Libya; Morocco; Oman; Qatar; Saudi Arabia; Sudan; Syria; Tunisia; United Arab Emirates; Yemen

South Asia

Afghanistan; Bangladesh; Bhutan; India; Maldives, Nepal; Pakistan; Sri Lanka

East Asia and Pacific

Brunei Darussalam; Cambodia; China; Cook Islands; Fiji; Indonesia; Kiribati; Korea, Dem. People's Rep.; Korea, Rep. of; Lao People's Dem. Rep.; Malaysia; Marshall Islands; Micronesia, Fed. States of; Mongolia; Myanmar; Nauru; Niue; Palau; Papua New Guinea; Philippines; Samoa; Singapore; Solomon Islands; Thailand; Tonga; Tuvalu; Vanuatu; Viet Nam

Latin America and Caribbean

Antigua and Barbuda; Argentina; Bahamas; Barbados; Belize; Bolivia; Brazil; Chile; Colombia; Costa Rica; Cuba; Dominica; Dominican Rep.; Ecuador; El Salvador; Grenada; Guatemala; Guyana; Haiti; Honduras; Jamaica; Mexico; Nicaragua; Panama; Paraguay; Peru; Saint Kitts and Nevis; Saint Lucia; Saint Vincent/Grenadines; Suriname; Trinidad and Tobago; Uruguay; Venezuela

CEE/CIS and Baltic States

Albania; Armenia; Azerbaijan; Belarus; Bosnia and Herzegovina; Bulgaria; Croatia; Czech Rep.; Estonia; Georgia; Hungary; Kazakhstan; Kyrgyzstan; Latvia; Lithuania; Moldova, Rep. of; Poland; Romania; Russian Federation; Slovakia; Tajikistan; TFYR Macedonia; Turkey; Turkmenistan; Ukraine; Uzbekistan; Yugoslavia

Industrialized countries

Andorra; Australia; Austria; Belgium; Canada; Denmark; Finland; France; Germany; Greece; Holy See; Iceland; Ireland; Israel; Italy; Japan; Liechtenstein; Luxembourg; Malta; Monaco; Netherlands; New Zealand; Norway; Portugal; San Marino; Slovenia; Spain; Sweden; Switzerland; United Kingdom; United States

Developing countries

Afghanistan; Algeria; Angola; Antigua and Barbuda; Argentina; Armenia; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belize; Benin; Bhutan; Bolivia; Botswana; Brazil; Brunei Darussalam; Burkina Faso; Burundi; Cambodia; Cameroon; Cape Verde; Central African Rep.; Chad; Chile; China; Colombia; Comoros; Congo; Congo, Dem. Rep.; Cook Islands; Costa Rica; Côte d'Ivoire; Cuba; Cyprus, Djibouti; Dominica; Dominican Rep.; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Ethiopia; Fiji; Gabon; Gambia; Georgia; Ghana; Grenada; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; India; Indonesia; Iran; Iraq; Israel; Jamaica; Jordan; Kazakhstan; Kenya; Kiribati; Korea, Dem. People's Rep.; Korea, Rep. of; Kuwait; Kyrgyzstan; Lao People's Dem. Rep.; Lebanon; Lesotho; Liberia; Libya; Madagascar; Malawi; Malaysia; Maldives; Mali; Marshall Islands; Mauritania; Mauritius; Mexico; Micronesia, Fed. States of; Mongolia; Morocco; Mozambique; Myanmar; Namibia; Nauru; Nepal; Nicaragua; Niger; Nigeria; Niue; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay, Peru; Philippines; Qatar; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent/Grenadines; Samoa; Sao Tome and Principe; Saudi Arabia; Senegal; Seychelles; Sierra Leone; Singapore; Solomon Islands; Somalia; South Africa; Sri Lanka; Sudan; Suriname; Swaziland; Syria; Tajikistan; Tanzania; Thailand; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Tuvalu; Uganda; United Arab Emirates; Uruguay; Uzbekistan; Vanuatu; Venezuela; Viet Nam; Yemen; Zambia; Zimbabwe

Least developed countries

Afghanistan; Angola; Bangladesh; Benin; Bhutan; Burkina Faso; Burundi; Cambodia; Cape Verde; Central African Rep.; Chad; Comoros; Congo, Dem. Rep.; Djibouti; Equatorial Guinea; Eritrea; Ethiopia; Gambia; Guinea; Guinea-Bissau; Haiti; Kiribati; Lao People's Dem. Rep.; Lesotho; Liberia; Madagascar; Malawi; Maldives; Mali; Mauritania; Mozambique; Myanmar; Nepal; Niger; Rwanda; Samoa; Sao Tome and Principe; Sierra Leone; Solomon Islands; Somalia; Sudan; Tanzania; Togo; Tuvalu; Uganda; Vanuatu; Yemen; Zambia

Measuring human development

An introduction to table 8

If development in the 1990s is to assume a more human face, then there arises a corresponding need for a means of measuring human as well as economic progress. From UNICEF's point of view, in particular, there is a need for an agreed method of measuring the level of child well-being and its rate of change.

The under-five mortality rate (U5MR) is used in table 8 (next page) as the principal indicator of such progress.

The U5MR has several advantages. First, it measures an end result of the development process rather than an 'input' such as school enrolment level, per capita calorie availability, or the number of doctors per thousand population — all of which are means to an end.

Second, the U5MR is known to be the result of a wide variety of inputs: the nutritional health and the health knowledge of mothers; the level of immunization and ORT use; the availability of maternal and child health services (including prenatal care); income and food availability in the family; the availability of clean water and safe sanitation; and the overall safety of the child's environment.

Third, the U5MR is less susceptible than, say, per capita GNP to the fallacy of the average. This is because the natural scale does not allow the children of the rich to be one thousand times as likely to survive, even if the man-made scale does permit them to have one thousand times as much income. In other words, it is much more difficult for a wealthy minority to affect a nation's U5MR, and it therefore presents a more accurate, if far from perfect, picture of the health status of the majority of children (and of society as a whole).

For these reasons, the U5MR is chosen by UNICEF as its single most important indicator of the state of a nation's children. That is why the tables rank the nations of the world not in ascending order of their per capita GNP but in descending order of their under-five mortality rates.

The speed of progress in reducing the U5MR can be measured by calculating its average annual reduction rate (AARR). Unlike the comparison of absolute changes, the AARR reflects the fact that the lower limits to U5MR are approached only with increasing difficulty. As lower levels of under-five mortality are reached, for example, the same absolute reduction obviously represents a greater percentage of reduction. The AARR therefore shows a higher rate of progress for, say, a 10-point reduction if that reduction happens at a lower level of under-five mortality. (A fall in U5MR of 10 points from 100 to 90 represents a reduction of 10 per cent, whereas the same 10-point fall from 20 to 10 represents a reduction of 50 per cent).

When used in conjunction with GNP growth rates, the U5MR and its reduction rate can therefore give a picture of the progress being made by any country or region, and over any period of time, towards the satisfaction of some of the most essential of human needs.

As table 8 shows, there is no fixed relationship between the annual reduction rate of the U5MR and the annual rate of growth in per capita GNP. Such comparisons help to throw the emphasis on to the policies, priorities, and other factors which determine the ratio between economic and social progress.

Finally, the table gives the total fertility rate for each country and its average annual rate of reduction. It will be seen that many of the nations that have achieved significant reductions in their U5MR have also achieved significant reductions in fertility.

Table 8: The rate of progress

	Under-5 mortality rank	Under-5 mortality rate			Average annual rate of reduction (%)			GNP per capita average annual growth rate (%)		Total fertility rate			Average annual rate of reduction (%)	
		1960	1990	1999	1960-90	1990-99	required[1] 1999-2000	1965-80	1990-99	1960	1990	1999	1960-90	1990-99
Afghanistan	**4**	360	260	257	1.1	0.1	>33	0.6	-	6.9	6.9	6.7	0.0	0.3
Albania	**91**	151	41	35	4.3	1.8	25	-	3.1	5.9	3.0	2.4	2.3	2.5
Algeria	**87**	255	48	41	5.6	1.8	25	4.2	-0.4	7.3	4.6	3.6	1.5	2.7
Andorra	**161**	-	-	7	-	-	-	-	-	-	-	-	-	-
Angola	**2**	345	283	295	0.7	-0.5	>33	-	-9.2	6.4	7.2	6.6	-0.4	1.0
Antigua and Barbuda	**133**	-	-	20	-	-	-	-	3.5x	-	-	-	-	-
Argentina	**123**	72	28	22	3.1	2.7	16	1.7	3.7	3.1	2.9	2.6	0.2	1.2
Armenia	**101**	48	31	30	1.5	0.4	>33	-	-3.1	4.5	2.4	1.7	2.1	3.8
Australia	**175**	24	10	5	2.9	7.7	On target	2.2	2.7	3.3	1.9	1.8	1.8	0.6
Austria	**175**	43	9	5	5.2	6.5	On target	4.0	1.6	2.7	1.5	1.4	2.0	0.8
Azerbaijan	**81**	74	44	45	1.7	-0.2	>33	-	-10.1	5.5	2.7	2.0	2.4	3.3
Bahamas	**129**	68	29	21	2.8	3.6	8	-	-0.8x	4.4	2.6	2.6	1.8	0.0
Bahrain	**142**	160	19	16	7.1	1.9	23	-	1.5x	7.1	3.8	2.7	2.1	3.8
Bangladesh	**53**	248	144	89	1.8	5.3	24	-0.3	6.6	6.7	4.3	3.0	1.5	4.0
Barbados	**142**	90	16	16	5.8	0.0	>33	-	1.0x	4.5	1.7	1.5	3.2	1.4
Belarus	**109**	47	19	28	3.0	-4.3	>33	-	-2.8	2.7	1.9	1.4	1.2	3.4
Belgium	**165**	35	9	6	4.5	4.5	On target	3.6	1.7	2.6	1.6	1.6	1.6	0.0
Belize	**82**	104	49	43	2.5	1.5	27	-	0.5	6.5	4.4	3.5	1.3	2.5
Benin	**24**	300	185	156	1.6	1.9	>33	-0.3	1.9	6.9	6.6	5.6	0.1	1.8
Bhutan	**45**	300	166	107	2.0	4.9	>33	-	2.1	5.9	5.8	5.3	0.1	1.0
Bolivia	**55**	255	122	83	2.5	4.3	17	1.7	2.0	6.7	4.9	4.2	1.0	1.7
Bosnia and Herzegovina	**137**	160	22	18	6.6	2.2	20	-	30.2x	4.0	1.7	1.4	2.9	2.2
Botswana	**69**	173	50	59	4.1	-1.8	>33	9.9	1.0	6.8	5.1	4.2	1.0	2.2
Brazil	**89**	177	60	40	3.6	4.5	On target	6.3	1.3	6.2	2.7	2.2	2.8	2.3
Brunei Darussalam	**154**	87	11	9	6.9	2.2	21	-	-2.1x	6.9	3.2	2.7	2.6	1.9
Bulgaria	**139**	70	18	17	4.5	0.6	>33	-	-1.5	2.2	1.7	1.2	0.9	3.9
Burkina Faso	**13**	315	210	199	1.4	0.6	>33	1.7	1.3	6.7	7.3	6.4	-0.3	1.5
Burundi	**19**	255	180	176	1.2	0.2	>33	2.4	-5.1	6.8	6.8	6.1	0.0	1.2
Cambodia	**35**	-	107	122	-	-1.5	>33	-	1.8	6.3	5.0	4.4	0.8	1.4
Cameroon	**26**	255	139	154	2.0	-1.1	>33	2.4	-1.5	5.8	5.9	5.1	-0.1	1.6
Canada	**165**	33	9	6	4.3	4.5	On target	3.3	1.3	3.8	1.7	1.6	2.7	0.7
Cape Verde	**62**	164	73	73	2.7	0.0	>33	-	2.9	7.0	4.3	3.4	1.6	2.6
Central African Rep	**21**	327	177	172	2.0	0.3	>33	0.8	-0.3	5.6	5.5	4.8	0.1	1.5
Chad	**14**	325	198	198	1.7	0.0	>33	-1.9	-1.0	6.0	6.6	5.9	-0.3	1.2
Chile	**147**	138	20	12	6.4	5.7	On target	0.0	6.0	5.3	2.6	2.4	2.4	0.9
China	**87**	225	49	41	5.1	2.0	23	4.1	9.2	5.7	2.2	1.8	3.2	2.2
Colombia	**100**	122	35	31	4.2	1.3	29	3.7	1.3	6.8	3.1	2.7	2.6	1.5
Comoros	**54**	265	120	86	2.6	3.7	21	-	-3.2	6.8	6.0	4.6	0.4	3.0
Congo	**44**	220	110	108	2.3	0.2	>33	2.7	-1.8	5.9	6.3	5.9	-0.2	0.7
Congo, Dem. Rep.	**9**	302	207	207	1.3	0.0	>33	-1.3	-8.5x	6.0	6.7	6.2	-0.4	0.9
Cook Islands	**101**	-	32	30	-	0.7	>33	-	-	-	-	-	-	-
Costa Rica	**146**	112	16	14	6.5	1.5	27	3.3	1.7	7.0	3.2	2.8	2.6	1.5
Côte d'Ivoire	**22**	290	155	171	2.1	-1.1	>33	2.8	1.7	7.2	6.3	4.9	0.4	2.8
Croatia	**154**	98	13	9	6.7	4.1	3	-	1.0	2.3	1.7	1.6	1.0	0.7
Cuba	**158**	54	13	8	4.7	5.4	On target	-	-	4.2	1.7	1.6	3.0	0.7
Cyprus	**158**	36	12	8	3.7	4.5	On target	-	2.7	3.5	2.4	2.0	1.3	2.0
Czech Rep	**175**	25	11	5	2.7	8.8	On target	-	-0.1	2.3	1.8	1.2	0.8	4.5
Denmark	**175**	25	9	5	3.4	6.5	On target	2.2	2.6	2.6	1.7	1.7	1.4	0.0
Djibouti	**27**	289	175	149	1.7	1.8	>33	-	-	7.0	6.0	5.1	0.5	1.8
Dominica	**137**	-	23	18	-	2.7	16	-	1.2	-	-	-	-	-
Dominican Rep	**76**	149	65	49	2.8	3.1	12	3.8	3.7	7.4	3.3	2.7	2.7	2.2
Ecuador	**91**	178	57	35	3.8	5.4	On target	5.4	-0.1	6.7	3.8	3.0	1.9	2.6
Egypt	**73**	282	104	52	3.3	7.7	On target	2.8	2.8	7.0	4.2	3.2	1.7	3.0
El Salvador	**83**	191	60	42	3.9	4.0	5	1.5	2.8	6.8	3.7	3.1	2.0	2.0
Equatorial Guinea	**23**	316	206	160	1.4	2.8	>33	-	14.3	5.5	5.9	5.4	-0.2	1.0
Eritrea	**46**	250	160	105	1.5	4.7	>33	-	2.0x	6.9	6.2	5.5	0.4	1.3
Estonia	**129**	52	22	21	2.9	0.5	>33	-	-0.4	2.0	1.9	1.3	0.2	4.2

	Under-5 mortality rank	Under-5 mortality rate			Average annual rate of reduction (%)			GNP per capita average annual growth rate (%)		Total fertility rate			Average annual rate of reduction (%)	
		1960	1990	1999	1960-90	1990-99	required* 1999-2000	1965-80	1990-99	1960	1990	1999	1960-90	1990-99
Ethiopia	**19**	269	193	176	1.1	1.0	>33	0.4	2.6	6.9	6.8	6.2	0.0	1.0
Fiji	**123**	97	31	22	3.8	3.8	6	-	0.8	6.4	3.1	2.6	2.4	2.0
Finland	**175**	28	7	5	4.6	3.7	6	3.6	2.1	2.7	1.8	1.7	1.4	0.6
France	**175**	34	9	5	4.4	6.5	On target	3.7	1.3	2.8	1.8	1.7	1.5	0.6
Gabon	**28**	287	164	143	1.9	1.5	>33	5.6	0.2	4.1	5.1	5.2	-0.7	-0.2
Gambia	**60**	364	127	75	3.5	5.9	7	-	-0.1	6.4	5.9	5.0	0.3	1.8
Georgia	**119**	70	29	23	2.9	2.6	18	-	-8.6	3.0	2.2	1.9	1.0	1.6
Germany	**175**	40	9	5	5.0	6.5	On target	3.0x	1.0x	2.4	1.4	1.3	1.8	0.8
Ghana	**48**	215	127	101	1.8	2.5	>33	-0.8	1.5	6.9	6.0	5.0	0.5	2.0
Greece	**161**	64	11	7	5.9	5.0	On target	4.8	1.4	2.2	1.5	1.3	1.3	1.6
Grenada	**110**	-	37	27	-	3.5	9	-	2.0	-	-	-	-	-
Guatemala	**68**	202	82	60	3.0	3.5	9	3.0	1.5	6.9	5.6	4.7	0.7	1.9
Guinea	**17**	380	240	181	1.5	3.1	>33	1.3	2.0	7.0	6.3	5.3	0.4	1.9
Guinea-Bissau	**12**	336	246	200	1.0	2.3	>33	2.7	-2.2	5.1	6.0	5.6	-0.5	0.8
Guyana	**58**	126	90	76	1.1	1.9	24	-	9.6	6.5	2.6	2.2	3.1	1.9
Haiti	**33**	253	150	129	1.7	1.7	>33	0.9	-3.1	6.3	5.4	4.2	0.5	2.8
Holy See	**-**	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	**83**	204	61	42	4.0	4.1	3	1.1	1.0	7.5	5.2	4.1	1.2	2.6
Hungary	**151**	57	16	10	4.2	5.2	On target	5.1	1.4	2.0	1.8	1.3	0.4	3.6
Iceland	**175**	22	5	5	4.9	0.0	>33	-	2.0	4.0	2.2	2.1	2.0	0.5
India	**49**	242	123	98	2.3	2.5	>33	1.5	3.9	5.9	3.8	3.0	1.5	2.6
Indonesia	**73**	216	91	52	2.9	6.2	On target	5.2	2.8	5.6	3.1	2.5	2.0	2.4
Iran	**79**	281	72	46	4.5	5.0	On target	2.9	1.7	7.2	4.9	2.7	1.3	6.6
Iraq	**34**	171	50	128	4.1	-10.4	>33	-	-	7.2	5.9	5.1	0.7	1.6
Ireland	**161**	36	9	7	4.6	2.8	15	2.8	6.1	3.8	2.1	1.9	2.0	1.1
Israel	**165**	39	12	6	3.9	7.7	On target	3.7	2.5x	3.9	3.0	2.6	0.9	1.6
Italy	**165**	50	10	6	5.4	5.7	On target	3.2	1.1	2.5	1.3	1.2	2.2	0.9
Jamaica	**149**	76	16	11	5.2	4.2	3	-0.1	0.2	5.4	2.8	2.4	2.2	1.7
Japan	**187**	40	6	4	6.3	4.5	On target	5.1	1.1	2.1	1.6	1.4	0.9	1.5
Jordan	**91**	139	38	35	4.3	0.9	>33	5.8x	1.4	7.7	5.8	4.7	0.9	2.3
Kazakhstan	**83**	74	48	42	1.4	1.5	27	-	-5.4	4.5	2.8	2.2	1.6	2.7
Kenya	**37**	205	97	118	2.5	-2.2	>33	3.1	0.1	8.0	6.1	4.2	0.9	4.1
Kiribati	**63**	-	88	72	-	2.2	20	-	1.5	-	-	-	-	-
Korea, Dem. People's Rep.	**101**	120	35	30	4.1	1.7	25	-	-	5.8	2.2	2.0	3.2	1.1
Korea, Rep. of	**175**	127	9	5	8.8	6.5	On target	7.3	4.5	6.0	1.8	1.7	4.0	0.6
Kuwait	**147**	128	16	12	6.9	3.2	12	0.6x	13.3x	7.3	3.6	2.8	2.4	2.8
Kyrgyzstan	**67**	180	83	65	2.6	2.7	16	-	-6.6	5.1	3.8	3.1	1.0	2.3
Lao People's Dem. Rep.	**42**	235	163	111	1.2	4.3	>33	-	3.6	6.2	6.5	5.6	-0.2	1.7
Latvia	**129**	44	20	21	2.6	-0.5	>33		-3.6	1.9	1.9	1.3	0.0	4.2
Lebanon	**98**	85	37	32	2.8	1.6	26	-	3.9	6.3	3.3	2.5	2.2	3.1
Lesotho	**31**	203	148	134	1.1	1.1	>33	6.8	-0.4	5.8	5.1	4.6	0.4	1.1
Liberia	**5**	288	235	235	0.7	0.0	>33	0.5	-	6.6	6.8	6.1	-0.1	1.2
Libya	**123**	270	42	22	6.2	7.2	On target	0.0	-	7.1	4.9	3.6	1.2	3.4
Liechtenstein	**149**	-	-	11	-	-	-	-	-	-	-	-	-	-
Lithuania	**123**	70	21	22	4.0	-0.5	>33	-	-4.2	2.5	1.9	1.4	0.9	3.4
Luxembourg	**175**	41	9	5	5.1	6.5	On target		1.6	2.3	1.6	1.7	1.2	-0.7
Madagascar	**24**	364	168	156	2.6	0.8	>33	-0.4	-0.8	6.6	6.2	5.2	0.2	2.0
Malawi	**7**	361	230	211	1.5	1.0	>33	3.2	1.2	6.9	7.3	6.5	-0.2	1.3
Malaysia	**154**	105	21	9	5.4	9.4	On target	4.7	4.2	6.8	3.8	3.0	1.9	2.6
Maldives	**55**	300	115	83	3.2	3.6	17	-	3.9	7.0	6.4	5.2	0.3	2.3
Mali	**5**	517	254	235	2.4	0.9	>33	2.1x	0.5	7.1	7.1	6.4	0.0	1.2
Malta	**161**	42	14	7	3.7	7.7	On target	-	3.4	3.4	2.0	1.9	1.8	0.6
Marshall Islands	**50**	-	92	92	-	0.0	>33	-	-6.8	-	-	-	-	-
Mauritania	**16**	310	183	183	1.8	0.0	>33	-0.1	1.6	6.5	6.0	5.3	0.3	1.4
Mauritius	**119**	92	25	23	4.3	0.9	32	3.7	3.9	5.9	2.2	1.9	3.3	1.6
Mexico	**97**	134	46	33	3.6	3.7	7	3.6	0.9	6.9	3.4	2.7	2.4	2.6
Micronesia, Fed. States of	**117**	-	31	24	-	2.8	15	-	-2.7x	-	-	-	-	-

Table 8: The rate of progress

	Under-5 mortality rank	Under-5 mortality rate			Average annual rate of reduction (%)			GNP per capita average annual growth rate (%)		Total fertility rate			Average annual rate of reduction (%)	
		1960	1990	1999	1960-90	1990-99	required' 1999-2000	1965-80	1990-99	1960	1990	1999	1960-90	1990-99
Moldova, Rep. of	**94**	88	37	34	2.9	0.9	32	-	-6.0x	3.3	2.4	1.7	1.1	3.8
Monaco	**175**	-	-	5	-	-	-	-	-	-	-	-	-	-
Mongolia	**57**	-	107	80	-	3.2	13	-	-1.0	6.0	4.1	2.5	1.3	5.5
Morocco	**72**	211	85	53	3.0	5.2	On target	2.7	0.5	7.2	3.8	2.9	2.1	3.0
Mozambique	**10**	313	235	203	1.0	1.6	>33	-	4.1	6.3	6.5	6.1	-0.1	0.7
Myanmar	**39**	252	130	112	2.2	1.7	>33	1.6	2.9x	6.0	3.2	2.3	2.1	3.7
Namibia	**65**	206	84	70	3.0	2.0	22	-	0.8	6.0	5.4	4.7	0.4	1.5
Nauru	**101**	-	-	30	-	-	-	-	-	-	-	-	-	-
Nepal	**47**	315	145	104	2.6	3.7	>33	-	2.3	5.8	5.4	4.3	0.2	2.5
Netherlands	**175**	22	8	5	3.4	5.2	On target	2.7	2.2	3.1	1.6	1.5	2.2	0.7
New Zealand	**165**	26	11	6	2.9	6.7	On target	1.7	1.3	3.9	2.1	2.0	2.1	0.5
Nicaragua	**78**	193	66	47	3.6	3.8	7	-0.7	3.0	7.3	5.0	4.2	1.3	1.9
Niger	**3**	354	320	275	0.3	1.7	>33	-2.5	-0.9	7.3	7.6	6.6	-0.1	1.6
Nigeria	**15**	207	190	187	0.3	0.2	>33	4.2	0.2	6.5	6.0	5.0	0.3	2.0
Niue	**-**	-	-	-	-	-	-	-	-	-	-	-	-	-
Norway	**187**	23	9	4	3.1	9.0	On target	3.6	3.4	2.9	1.9	1.9	1.4	0.0
Oman	**142**	280	30	16	7.4	7.0	On target	9.0	-0.4x	7.2	7.0	5.7	0.1	2.3
Pakistan	**39**	227	128	112	1.9	1.5	>33	1.8	1.4	6.9	5.8	4.8	0.6	2.1
Palau	**94**	-	34	34	-	0.0	>33	-	-	-	-	-	-	-
Panama	**110**	88	34	27	3.2	2.6	17	2.8	2.4	5.9	3.0	2.6	2.3	1.6
Papua New Guinea	**39**	204	112	112	2.0	0.0	>33	-	1.6	6.3	5.1	4.4	0.7	1.6
Paraguay	**98**	90	37	32	3.0	1.6	26	4.1	-0.4	6.5	4.7	4.0	1.1	1.8
Peru	**73**	234	75	52	3.8	4.1	4	0.8	3.5	6.9	3.7	2.8	2.1	3.1
Philippines	**83**	110	66	42	1.7	5.0	On target	3.2	1.5	6.9	4.2	3.5	1.7	2.0
Poland	**151**	70	19	10	4.3	7.1	On target	-	4.4x	3.0	2.0	1.5	1.4	3.2
Portugal	**165**	112	15	6	6.7	10.2	On target	4.6	2.3	3.1	1.6	1.4	2.2	1.5
Qatar	**142**	140	25	16	5.7	5.0	On target	-	-5.3x	7.0	4.4	3.6	1.5	2.2
Romania	**117**	82	32	24	3.1	3.2	12	-	-0.7	2.3	1.9	1.2	0.6	5.1
Russian Federation	**123**	64	26	22	3.0	1.9	24	-	-6.6	2.6	1.8	1.4	1.2	2.8
Rwanda	**18**	210	161	180	0.9	-1.2	>33	1.6	-3.1	7.5	6.8	6.0	0.3	1.4
Saint Kitts and Nevis	**108**	-	36	29	-	2.4	19	-	4.3	-	-	-	-	-
Saint Lucia	**135**	-	24	19	-	2.6	17	-	1.2	-	-	-	-	-
Saint Vincent/Grenadines	**115**	-	26	25	-	0.4	>33	-	2.6	-	-	-	-	-
Samoa	**112**	210	42	26	5.4	5.3	On target	-	1.2	8.3	4.7	4.0	1.9	1.8
San Marino	**165**	-	10	6	-	5.7	On target	-	-	-	-	-	-	-
Sao Tome and Principe	**58**	-	90	76	-	1.9	24	-	-0.8	-	-	-	-	-
Saudi Arabia	**115**	250	44	25	5.8	6.3	On target	4.0x	-2.4x	7.2	6.6	5.6	0.3	1.8
Senegal	**37**	300	147	118	2.4	2.4	>33	-0.5	0.9	7.0	6.3	5.4	0.4	1.7
Seychelles	**139**	-	21	17	-	2.3	19	-	1.4	-	-	-	-	-
Sierra Leone	**1**	390	323	316	0.6	0.2	>33	0.7	-5.4	6.2	6.5	5.9	-0.2	1.1
Singapore	**187**	40	8	4	5.4	7.7	On target	8.3	6.8	5.5	1.7	1.7	3.9	0.0
Slovakia	**151**	40	15	10	3.3	4.5	On target	-	1.6	3.1	2.0	1.4	1.5	4.0
Slovenia	**165**	45	9	6	5.4	4.5	On target	-	4.3x	2.4	1.5	1.3	1.6	1.6
Solomon Islands	**112**	185	36	26	5.5	3.6	8	-	0.1	6.4	5.7	4.7	0.4	2.1
Somalia	**7**	294	215	211	1.0	0.2	>33	-0.1	-2.3	7.3	7.3	7.1	0.0	0.3
South Africa	**66**	130	60	69	2.6	-1.6	>33	3.2	0.0	6.5	3.7	3.1	1.9	2.0
Spain	**165**	57	9	6	6.2	4.5	On target	4.1	1.9	2.8	1.4	1.1	2.3	2.7
Sri Lanka	**135**	133	23	19	5.8	2.1	22	2.8	3.9	5.3	2.4	2.1	2.6	1.5
Sudan	**43**	208	123	109	1.8	1.3	>33	0.8	3.7	6.7	5.2	4.5	0.8	1.6
Suriname	**94**	98	44	34	2.7	2.9	15	-	0.1x	6.6	2.7	2.2	3.0	2.3
Swaziland	**51**	233	115	90	2.4	2.7	25	-	-0.1	6.5	5.4	4.5	0.6	2.0
Sweden	**187**	20	6	4	4.0	4.5	On target	2.0	1.0	2.3	2.0	1.6	0.5	2.5
Switzerland	**187**	27	8	4	4.1	7.7	On target	1.5	0.0	2.4	1.5	1.5	1.6	0.0
Syria	**101**	201	44	30	5.1	4.3	2	5.1	1.0	7.3	5.7	3.8	0.8	4.5
Tajikistan	**61**	140	78	74	1.9	0.6	>33	-	-11.9	6.3	5.0	4.0	0.8	2.5
Tanzania	**30**	240	150	141	1.6	0.7	>33	0.8	0.7	6.8	6.1	5.3	0.4	1.6
TFYR Macedonia	**112**	177	41	26	4.9	5.1	On target	-	-1.4x	4.2	2.2	2.1	2.2	0.5

	Under-5 mortality rank	Under-5 mortality rate			Average annual rate of reduction (%)			GNP per capita average annual growth rate (%)		Total fertility rate			Average annual rate of reduction (%)	
		1960	1990	1999	1960-90	1990-99	required† 1999-2000	1965-80	1990-99	1960	1990	1999	1960-90	1990-99
Thailand	**101**	148	40	30	4.4	3.2	12	4.4	3.4	6.4	2.3	1.7	3.4	3.4
Togo	**28**	267	152	143	1.9	0.7	>33	1.7	-0.6	6.6	6.6	5.8	0.0	1.4
Tonga	**123**	-	27	22	-	2.3	20	-	0.8	-	-	-	-	-
Trinidad and Tobago	**133**	73	24	20	3.7	2.0	22	3.1	1.5	5.2	2.5	1.6	2.4	5.0
Tunisia	**101**	254	52	30	5.3	6.1	On target	4.7	2.9	7.1	3.6	2.5	2.3	4.1
Turkey	**77**	219	78	48	3.4	5.4	On target	3.6	2.4	6.3	3.2	2.4	2.3	3.2
Turkmenistan	**64**	150	76	71	2.3	0.8	>33	-	-7.0x	6.4	4.3	3.4	1.3	2.6
Tuvalu	**71**	-	56	56	-	0.0	>33	-	-	-	-	-	-	-
Uganda	**32**	224	165	131	1.0	2.6	>33	-2.2	4.3	6.9	7.1	7.0	-0.1	0.2
Ukraine	**129**	53	22	21	2.9	0.5	>33	-	-10.3	2.2	1.8	1.4	0.7	2.8
United Arab Emirates	**154**	223	14	9	9.2	4.9	On target	-	-1.6x	6.9	4.2	3.3	1.7	2.7
United Kingdom	**165**	27	9	6	3.7	4.5	On target	2.0	2.0	2.7	1.8	1.7	1.4	0.6
United States	**158**	30	10	8	3.7	2.5	18	1.8	2.2	3.5	2.0	2.0	1.9	0.0
Uruguay	**139**	56	24	17	2.8	3.8	6	2.5	3.0	2.9	2.5	2.4	0.5	0.5
Uzbekistan	**70**	120	58	58	2.4	0.0	>33	-	-1.4x	6.3	4.1	3.3	1.4	2.4
Vanuatu	**79**	225	70	46	3.9	4.7	On target	-	-2.7	7.2	4.9	4.1	1.3	2.0
Venezuela	**119**	75	27	23	3.4	1.8	25	2.3	-0.6	6.6	3.5	2.9	2.1	2.1
Viet Nam	**89**	219	50	40	4.9	2.5	18	-	6.2	6.1	3.8	2.5	1.6	4.7
Yemen	**36**	340	142	119	2.9	2.0	>33	-	-1.6	7.6	7.6	7.3	0.0	0.4
Yugoslavia	**119**	120	30	23	4.6	3.0	14	-	-	2.7	2.1	1.8	0.8	1.7
Zambia	**11**	213	192	202	0.3	-0.6	>33	-1.2	-0.9	6.6	6.2	5.3	0.2	1.7
Zimbabwe	**51**	159	80	90	2.3	-1.3	>33	1.7	-0.2	7.5	5.0	3.6	1.4	3.7

Regional summaries

Sub-Saharan Africa		259	180	173	1.2	0.4	93	2.8	0.1	6.7	6.2	5.4	0.3	1.6
Middle East and North Africa		247	79	63	3.8	2.4	24	3.1	0.3	7.1	4.9	3.7	1.3	3.1
South Asia		244	128	104	2.1	2.4	40	1.4	3.8	6.1	4.1	3.3	1.3	2.5
East Asia and Pacific		212	57	45	4.4	2.8	15	4.9	6.6	5.8	2.5	2.0	2.8	2.3
Latin America and Caribbean		153	53	39	3.5	3.6	10	4.0	1.8	6.1	3.2	2.6	2.2	2.1
CEE/CIS and Baltic States		101	42	35	3.0	2.0	16	-	-1.9	3.1	2.3	1.7	1.1	2.8
Industrialized countries		37	9	6	4.7	4.2	3	2.9	1.7	2.8	1.7	1.6	1.7	0.6
Developing countries		222	102	90	2.6	1.4	50	3.7	3.3	6.1	3.5	2.9	1.8	2.2
Least developed countries		283	182	164	1.5	1.2	85	-0.1	2.2	6.6	5.7	4.9	0.5	1.7
World		198	92	82	2.6	1.3	49	3.1	1.9	5.1	3.1	2.6	1.6	1.9

Countries in each region are listed on page 106

Definitions of the indicators

Under-five mortality rate – Probability of dying between birth and exactly five years of age expressed per 1,000 live births

GNP per capita – Gross national product (GNP) is the sum of gross value added by all resident producers, plus any taxes that are not included in the valuation of output, plus net receipts of primary income from non-resident sources. GNP per capita is the gross national product, converted to United States dollars using the World Bank Atlas method, divided by the mid-year population.

Total fertility rate – The number of children that would be born per woman if she were to live to the end of her childbearing years and bear children at each age in accordance with prevailing age-specific fertility rates.

† **Average annual rate of reduction required 1999-2000** – The average annual reduction rate required, for the period 1999-2000, to achieve an under-five mortality rate in the year 2000 of 70 per 1,000 live births or two thirds the 1990 rate, whichever is less.

On target – Denotes countries in which the rate required to meet the year 2000 goal is lower than the currently estimated rate for the decade. But 'on target' should be interpreted with care as mortality estimates for 1999 are frequently based on data from earlier years, and as such cannot reflect very recent or sudden changes.

>33 – Identifies countries in which the required reduction of the under-five mortality rate for the period 1999-2000 is greater than 33%.

Main data sources

Under-five mortality – United Nations Population Division, United Nations Statistics Division and UNICEF

GNP per capita – World Bank

Fertility – United Nations Population Division

Notes

-	Data not available
x	Indicates data that refer to years or periods other than those specified in the column heading, differ from the standard definition, or refer to only part of a country

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Glossary

ACC
Administrative Committee on Coordination

AIDS
acquired immune deficiency syndrome

CEE
Central and Eastern Europe

CIS
Commonwealth of Independent States

Crèche
a day nursery for babies and young children

GNP
gross national product

HIPC
heavily indebted poor countries

HIV
human immunodeficiency virus

IMF
International Monetary Fund

mmol/l
millimoles/liter, the world standard unit for measuring glucose in blood

NGO
non-governmental organization

OECD
Organisation for Economic Co-operation and Development

SCN
Subcommittee on Nutrition

UN
United Nations

UNAIDS
Joint United Nations Programme on HIV/AIDS

UNESCO
United Nations Educational, Scientific and Cultural Organization

UNFPA
United Nations Population Fund

UNICEF
United Nations Children's Fund

US
United States

WHO
World Health Organization

Note: All dollars are US dollars.

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From *The State of the World's Children 2001*

"Every child should have the best possible start in life; every child should receive a good-quality basic education; and every child should have the opportunities to develop his or her full potential and contribute to society in meaningful ways. The State of the World's Children 2001 *highlights the first of our goals – the best possible start in life for every child, without exception."*

– **Kofi A. Annan**
Secretary-General, United Nations

"The lives of children and women are the truest indicators of the strength of communities and nations. If the youngest and most vulnerable are left to find their way alone, a country violates the rights of its people and sabotages its future as an equal partner in the global economy."

– **Carol Bellamy**
Executive Director, United Nations Children's Fund

"I have seen how one year of school changes a child and how years of school transform that child's future. I have watched as the power of education saved families from being poor, babies from dying and young girls from lives of servitude. And I have lived long enough to see a generation of children, armed with education, lift up a nation."

– **Graça Machel**
Former Minister of Education, Mozambique

"My dear young people: I see the light in your eyes, the energy of your bodies and the hope that is in your spirit. I know it is you, not I, who will make the future. It is you, not I, who will fix our wrongs and carry forward all that is right with the world."

– **Nelson Mandela**
Former President of South Africa

"That is why we say to the world's leaders – beg of them, demand of them! – that they fulfil the promises that each and every one of them has made. The care of our children cannot be regarded as just another task. It must be understood as the essential and only way for a faltering humankind to recover its way."

– **Ernesto Sábato**
Commission of Personalities for Children and Adolescents
in Latin America and the Caribbean